

- 1) All fields required except those marked 'optional'
- 2) Entries in some fields auto-populate information in other fields
- 3) Mouse over form fields to view additional information
- 4) Use of Adobe Reader 8 or later is required

**APPROVED BY OMB: CLEARANCE NO. 3180-0146**      **EXPIRES: 04/30/2021**  
 Estimated burden per response to comply with this collection request is 30 minutes. This form is a voluntary means of reporting the information required under 10 CFR 26.417(b)(2) and 26.717. The information is required by NRC to obtain on an annual basis site specific fitness-for-duty (FFD) program performance data on drug and alcohol programs from licensees and other entities. Send comments regarding burden estimate to the FOIA, Information Services Branch (T8-A10M), U.S. Nuclear Regulatory Commission, Washington DC 20555-0001, or by e-mail to [InfoCollects.Resource@NRC.gov](mailto:InfoCollects.Resource@NRC.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-1020, (3150-0146), Office of Management and Budget, Washington DC 20503. If a means used to impose information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

Submission Update       Delete Submission

**Unique Reference ID (Licensee Supplied)**  
 PAL-2020-06

**Facility**  
 Palisades (50-255)

**Date of Collection (mm/dd/yyyy)**  
 09/15/2020

**Reason for Testing - 26.717(b)(5)**  
 Pre-Access

**Pre-Access Testing Reason (optional)**  
 Update Authorization

**Please elaborate (optional)**

**Employment Type - 26.717(b)(3)**  
 Contractor/Vendor

**Outage Worker (optional)?**  
 Yes

**Labor Category - 26.717(b)(3)**  
 Maintenance (safety-significant)

**Is this a 24-hour reportable event under 26.719(b)?**      No

**Was this collection refused? - 26.717(b)(7) & 26.75**      No

**Test Results - 26.717(b)(4)**

**Test Type(s) for Result(s) Reported - 26.717(b)(2)**  
 Drug Only

**Drug Specimen Tested**  
 Urine

**Test Validity**  
 Valid

**Was this collection observed? - 26.717(b)(7) & 26.75**      No

**How many substances were confirmed positive for this individual?**      1

Substance - 26.717(b)(2) & (b)(6)	Use NRC Cutoffs?	Initial Cutoff	Confirmatory Cutoff	Limit of Detection
Marjuana	Yes			

**Subversion Attempt - Did this collection involve a subversion attempt? - 26.717(b)(7) and 26.75(b)**      No

**Management Actions - 26.717(b)(8) & 26.75**

**Reason for the Action**  
 First drug or alcohol positive

**Sanction Applied (NRC Minimum or Licensee Administrated)**  
 Licensee Administrated

**Specific Sanction Applied**  
 3-Year Denial

**Person(s) Responsible for Information Provided**

Person 1 (required):

Scott      Summers      AA/FFD Supervisor      ssumme1@entergy.com  
 First Name      Last Name      Position Title      Company Email Address

Person 2 (optional):

\_\_\_\_\_  
 First Name      Last Name      Position Title      Company Email Address

**Final Step (Required)** - NRC will consider this form authentic in accordance with 10 CFR 26.11 only when the "Validate & Lock" button is clicked and all errors (highlighted in red) have been corrected. The "Validate & Lock" button will change to "Locked" after the data validation process has been successfully completed indicating the form is ready for submission.

Form Locked On: Feb 11, 2021 at 3:32:33 PM

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