Tennessee Valley Authority, 1101 Market Street, Chattanooga, Tennessee 37402-2801

March 24, 2000

U.S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, D.C. 20555-0001

Gentlemen:

In the Matter of ) 10 CFR 26, Appendix A
Tennessee Valley Authority )

UNSATISFACTORY LABORATORY RESULT ON A BLIND PERFORMANCE TEST SPECIMEN

In accordance with 10 CFR 26, Appendix A, 2.8 (e) 4, enclosed are the investigative findings of Clinical Reference Laboratory (CRL) which serves as TVA's contract laboratory. CRL's investigation was initiated due to a false negative result on a blind performance test sample. This blind performance sample contained phencyclidine and should have tested positive.

TVA's Fitness for Duty (FFD) Program management met with CRL's management and determined that this incident occurred due to a personnel error in judgment in conjunction with a computer failure. As indicated in the enclosed report, CRL counseled each individual involved in the incident, revised the standard operating procedure, and modified the computer logic.

As part of TVA's FFD Program, TVA plans to continue monitoring CRL's performance through blind performance testing to prevent reoccurrence of this type error.

A022

If you have any questions concerning this information, please telephone Terry Knuettel at (423) 751-6673.

Sincerely,

Ralph H. Shell
for
Mark J. Burzynski
Manager
Nuclear Licensing

Enclosures
cc (Enclosures):
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cc: Continued on page 3

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Watts Bar Nuclear Plant
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CLINICAL REFERENCE LABORATORY

March 21, 2000

Monica smith
Via Fax and Mail

RE: False Negative PCP Report

Dear Monica:

The reporting (preliminary) of a phencyclidine result, accession number 41353185, of 48 ng/ml as negative occurred as a result of several concurrent errors-in-judgment by tox personnel and unusual circumstances in MIS. The screening data from this batch did not load into the computer, so the certifier asked data entry to enter the results. Our S.O.P. for this occurrence includes rereview of the entered results by the certifier; however, this specimen exhibited an abnormal creatinine and was put on hold for that event. The data entry clerk misentered the result as NEG and left the result on hold pending certifier review. A second data entry clerk received the results of the adulterant testing that was reflexed from the low creatinine, saw that the screening results were all negative, and took the results off hold, allowing electronic release of the results. In the meantime, the confirmation test was being run and the error would have been caught in a matter of hours.

The people involved have been counseled, and effective immediately, numeric values must be entered along with the status, (POS or NEG). This allows our computer 'fix' to prevent the possibility of this happening again. The fix consists of the computer checking the numerical value of the confirmation result against the client specific cutoff for the drug being tested and flagging any attempt at associating the wrong status (POS or NEG) with that value. The implementation of this fix is complete and our QA/QC department is testing for side effects for the rest of this week.

Sincerely,

Stanley C. Kammerer, Ph.D
VP and Director of Toxicology

/nw

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