

U.S. DEPARTMENT OF ENERGY  
HUMAN RELIABILITY PROGRAM (HRP)  
ALCOHOL TESTING FORM

**PRIVACY ACT STATEMENT**

Sections 2165 and 2201(I) of title 42 of the United States Code authorize the collection of information by the U.S. Department of Energy (DOE) to regulate the possession and use of special nuclear material and access to restricted data. DOE will use the information collected on this form to aid in the determination of an individual's eligibility for an HRP certification. The information may also be provided to other agencies of the United States government for investigations that involve protection of the national security, public health and safety, or the environment. Submission of the information requested on this form is voluntary, but failure to provide the information may result in denial of an HRP certification. If DOE uses the information for purposes other than those indicated in this statement, it will provide notice of those additional purposes to persons who have submitted information on this form. This statement is in reference to the relevant System of Records Notice (SORN) per Circular A-108, DOE-50, HRP Records SORN 230104 (<https://www.federalregister.gov/documents/2009/01/09/E8-31316/privacy-act-of-1974-publication-of-compilation-of-privacy-act-systems-of-records>).

**OMB BURDEN DISCLOSURE STATEMENT**

This data is being collected to administer an alcohol test. The data you supply will be used for alcohol testing to ensure that individuals who occupy positions affording access to certain materials, nuclear explosive devices, facilities, and programs meet the highest standards of reliability and physical and mental suitability. Public reporting burden for this collection of information is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of the Chief Information Officer, Enterprise Policy Development & Implementation Office, IM-22, Information Collection Management Program (1910-5122), U.S. Department of Energy, 1000 Independence Ave., SW, Washington, DC 20585; and to the Office of Management and Budget (OMB), OIRA, Paperwork Reduction Project (1910-5122), Washington, DC 20503. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB control number. Submission of this data is mandatory.

**Instructions**

**Step 1:** The Breath Alcohol Technician (BAT) completes the information required in this step.

**NOTE:** If the employee refuses to provide an ID number, indicate this in the Remarks section in Step 3.

The HRP Supervisor is the person who initially or annually nominates a person for HRP certification.

**Step 2:** The employee reads, signs, and dates the certification statement.

**NOTE:** If the employee refuses to sign the certification statement do not proceed with the alcohol test. Contact the HRP supervisor.

**Step 3:** The BAT completes questions 9 - 12, administers the alcohol screening test, and enters the information, as applicable. If the results of the screening test are less than 0.02, the test process is complete. The BAT completes questions 13 - 16 in Step 3. Proceed to Step 5.

**If the results of the screening test are 0.02 or greater, a confirmation test must be administered in accordance with Department of Transportation (DOT) regulations.**

- An Evidential Breath Testing device that is capable of printing confirmation test information must be used in conducting this test.
- Ensure that a waiting period of at least 15 minutes occurs before the confirmation test begins.
- Immediately notify the HRP supervisor if the employee has a breath alcohol confirmation test result of 0.02 or higher.

The BAT completes questions 13 - 16 in Step 3.

**Step 4:** If the employee has a breath alcohol confirmation test result of 0.02 or greater, the employee must complete Step 4.

**NOTE:** If the employee refuses to sign the certification statement in Step 4, be sure to indicate this in the remarks line in Step 3.

**Step 5:** Make two copies of the completed form. Forward the original form to the employer. The employee and the BAT each retain one copy of the completed form.

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**Step 1. Employee Information** *(to be completed by BAT)*

1. Employee Name:	2. Employee ID No.:						
3. Employer Name:							
4. HRP Supervisor Name:	5. HRP Supervisor Phone Number:						
6. Reason for Test: <table><tr><td>Random</td><td>Reasonable Suspicion</td><td>Post-Accident</td></tr><tr><td>Return to Duty</td><td>Follow-up</td><td>Pre-employment</td></tr></table>		Random	Reasonable Suspicion	Post-Accident	Return to Duty	Follow-up	Pre-employment
Random	Reasonable Suspicion	Post-Accident					
Return to Duty	Follow-up	Pre-employment					

**Step 2. Employee Certification** *(to be completed by employee)*

I certify that I am about to submit to alcohol testing required or permitted by the U.S. Department of Energy regulations and that the identifying information provided on the form is true and correct.

7. Signature: 8. Date:

**Step 3. Alcohol Testing** *(to be completed by BAT)*

9. Alcohol Technician's Company:	10. Company Street Address:
11. Company City, State, Zip:	12. Company Phone Number:

Screening Test

**Device Type:** Saliva      Breath\*  
**Results are:** Printed directly to the ATF      Affixed in box to the right  
Printed in table below

\*For breath device, write in the table below ONLY if the testing device is not designed to print results.

Test Number		Testing Device Name	
Device Serial or Lot No.		Device Expiration Date	
Activation Time		Reading Time	
Result			

*Affix screening test results here with tamper-evident tape*

**NOTE:** Be sure to enter the result of the test exactly as it is indicated on the breath testing device, e.g., 0.00, 0.02, 0.04, etc.

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Confirmation Test (to be completed if screening test results are 0.02 or greater)

**15-Minute Wait:**      Yes      No

**Results are:**      Printed directly to the ATF      Affixed in box to the right

*Affix confirmation  
test results here with  
tamper-evident tape*

13. Remarks:

I certify that I have conducted alcohol testing on the above-name individual in accordance with the procedures established in the U.S. Department of Transportation regulation 49 CFR Part 40, that I am qualified to operate the testing device(s) identified and that the results are recorded.

14. Alcohol Technician's Name:

15. Signature:

16. Date:

**NOTE:** If the technician conducting the screening is not the same technician who will be conducting the confirmation test, each technician must complete their own form.

**Step 4. Employee Certification of Test Results 0.02 or Higher** (to be completed by employee)

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I will be sent home and will not be allowed to perform HRP duties for 24 hours because the results are 0.02 or greater.

17. Employee Signature:

18. Date: