

US Department of Energy (DOE) Human Reliability Program (HRP) Alcohol Testing Form <i>Los Alamos National Laboratory Use Only</i>						Print Screening Results Here or Affix with Tamper Evident Tape
STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN						
A. Employee Name:					(First, M.I., Last)	
B. Employee ID No:						
C. Employer Name:						
HRP Supervisor:			Phone:			
D. Reason for Test: ☐ Random ☐ Reasonable Susp. ☐ Post-Accident ☐ Return to Duty ☐ Follow Up ☐ Pre-Employment						
STEP 2: TO BE COMPLETED BY EMPLOYEE						Print Screening Results Here or Affix with Tamper Evident Tape
I certify that I am about to submit to alcohol testing required or permitted by U.S. Department of Energy Regulations and that the identifying information provided on the form is true and correct:						
Signature of Employee:			Date:			
STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN						
(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form). I certify that I have conducted alcohol testing on the above-named 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.						
TECHNICIAN: ☐ BAT DEVICE: ☐ SALIVA ☐ BREATH 15-Minute Wait: ☐ Yes ☐ No						
Screening Test: (For BREATH DEVICE* write in the space below <u>only</u> if the testing device is <u>not</u> designed to <u>print</u> .)						
Test #	Testing Device Name	Device Serial # or Lot # & Exp. Date	Activation Time	Reading Time	Result	
CONFIRMATION TEST: Results <u>MUST</u> be affixed to each copy of this form or printed directly onto the form.						
Remarks:						
Alcohol Technician's Company:		Company Street Address:				
Alcohol Technician's Name:		Company City, State, Zip:				
		Phone Number:				
Signature:			Date:			
STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 or HIGHER						
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.						
Signature of Employee:			Date:			

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

Step 1: The Breath Alcohol Technician (BAT) completes the information required in this step. The HRP Supervisor is the person who initially or annually nominates the person for HRP certification.

If the employee refuses to provide an ID number, indicate this in the Remarks field in Step 3.

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

If the employee refuses to sign the certification statement do not proceed with the alcohol test. Contact the HRP Supervisor.

Step 3: The BAT checks the type of device being used (saliva or breath) and conducts the alcohol screening test.

The screening test information may be entered on the form by the technician, or for breath testing devices capable of printing, the information may be printed directly to the record. Printed information must be affixed to the form on the spaces provided.

Screening test results are less than 0.02: The BAT completes the remaining information in this step, and signs in the space provided. The test process is complete.

Screening test results are 0.02 or greater: The BAT must complete a confirmation test in accordance with the Department of Transportation (DOT) regulations. An evidential breath testing device that is capable of printing must be used in conducting this test. A 15-minute waiting period should occur before conducting the confirmation test.

Affix the printed information to the form in the space provided, complete the remaining information in this step, and sign in the space provided.

If the employee has a breath alcohol confirmation test result of 0.02 or higher: Notify the HRP supervisor, and proceed to Step 4.

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

If the employee refuses to sign the certification statement in Step 4, be sure to indicate this in the Remarks field in Step 3.

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.

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.