

**United States Department of Energy  
Office of Hearings and Appeals**

In the Matter of: Personnel Security Hearing	)	
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Filing Date:    October 31, 2024	)	Case No.:       PSH-25-0019
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Issued: June 13, 2025

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**Administrative Judge Decision**

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Kristin L. Martin, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXXXXXXXXXX (hereinafter referred to as “the Individual”) for access authorization under the Department of Energy’s (DOE) regulations set forth at 10 C.F.R. Part 710, entitled, “Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material or Eligibility to Hold a Sensitive Position.”<sup>1</sup> For the reasons set forth below, I conclude that the Individual’s security clearance should be restored.

**I.       BACKGROUND**

The Individual is employed by a DOE Contractor in a position which requires him to hold a security clearance. Derogatory information was discovered regarding the Individual’s alcohol consumption. The Local Security Office (LSO) began the present administrative review proceeding by issuing a Notification Letter to the Individual informing him that he was entitled to a hearing before an Administrative Judge in order to resolve the substantial doubt regarding his eligibility to continue holding a security clearance. *See* 10 C.F.R. § 710.21.

The Individual requested a hearing and the LSO forwarded the Individual’s request to the Office of Hearings and Appeals (OHA). The Director of OHA appointed me as the Administrative Judge in this matter. At the hearing I convened pursuant to 10 C.F.R. § 710.25(d), (e), and (g), the Individual presented the testimony of four witnesses and testified on his own behalf. The LSO presented the testimony of the DOE-contracted psychologist (Psychologist) who had evaluated the Individual. *See* Transcript of Hearing, OHA Case No. PSH-25-0019 (hereinafter cited as “Tr.”). The LSO submitted thirteen exhibits, marked as Exhibits 1 through 13 (hereinafter cited as “Ex.”).<sup>2</sup> The Individual submitted seven exhibits, marked as Exhibits A through G.

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<sup>1</sup> Under the regulations, “[a]ccess authorization’ means an administrative determination that an individual is eligible for access to classified matter or is eligible for access to, or control over, special nuclear material.” 10 C.F.R. § 710.5(a). Such authorization will also be referred to in this Decision as a security clearance.

<sup>2</sup> Citations to the DOE exhibits will refer to the Bates stamp page number.

## II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

As indicated above, the Notification Letter informed the Individual that information in the possession of the DOE created a substantial doubt concerning his eligibility for a security clearance. That information pertains to Guideline G of the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position*, effective June 8, 2017 (Adjudicative Guidelines). These guidelines are not inflexible rules of law. Instead, recognizing the complexities of human behavior, these guidelines are applied in conjunction with the factors listed in the adjudicative process. 10 C.F.R. § 710.7.

Guideline G states that excessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses and can raise questions about an individual's reliability and trustworthiness. Adjudicative Guidelines at ¶ 21. Conditions that could raise a security concern include:

- (a) Alcohol-related incidents away from work, such as driving while under the influence, fighting, child or spouse abuse, disturbing the peace, or other incidents of concern, regardless of the frequency of the individual's alcohol use or whether the individual has been diagnosed with alcohol use disorder;
- (b) Alcohol-related incidents at work, such as reporting for work or duty in an intoxicated or impaired condition, drinking on the job, or jeopardizing the welfare and safety of others, regardless of whether the individual is diagnosed with alcohol use disorder;
- (c) Habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed with alcohol use disorder;
- (d) Diagnosis by a duly qualified medical or mental health professional (*e.g.*, physician, clinical psychologist, psychiatrist, or licensed clinical social worker) of alcohol use disorder;
- (e) The failure to follow treatment advice once diagnosed;
- (f) Alcohol consumption, which is not in accordance with treatment recommendations, after a diagnosis of alcohol use disorder; and
- (g) Failure to follow any court order regarding alcohol education, evaluation, treatment, or abstinence.

*Id.* at ¶ 22.

The LSO alleges the following:

- In July 2024, the Psychologist evaluated the Individual and, about two weeks later, issued a report in which she concluded that the Individual met sufficient *Diagnostic and Statistical Manual of Mental Disorders, 5th edition, Text Revision (DSM-5-TR)* criteria for a diagnosis

of Alcohol Use Disorder, severe, without evidence of rehabilitation or reformation, Ex. 10 at 58;

- In March 2024, the Individual's employer issued him a Letter of Suspension and Last Chance Warning due to attendance issues, which, the Individual later admitted in his responses to a May 2024 Letter of Interrogatory (LOI), were related to alcohol consumption, Ex. 9 at 48;
- In February 2019, the Individual quit his job in lieu of being terminated after breathalyzer tests showed he had a blood alcohol content (BAC) of .05 and .04 at work, Ex. 13 at 186–87;
- In July 1989 and August 1999, the Individual was arrested and charged with Driving While Intoxicated, Ex. 13 at 167–69;
- In April 1995, the Individual was arrested and charged with Aggravated Driving Under the Influence,<sup>3</sup> Ex. 13 at 168–69.

Ex. 1 at 5. The alleged behavior includes incidents away from work (the DWIs), incidents at work (the positive breathalyzer tests), and a diagnosis with Alcohol Use Disorder by a duly-qualified mental health professional. Accordingly, the LSO's security concerns under Guideline G are justified. Adjudicative Guidelines at ¶ 22(a)–(b), (d).

### III. REGULATORY STANDARDS

A DOE administrative review proceeding under Part 710 requires me, as the Administrative Judge, to issue a Decision that reflects my comprehensive, common-sense judgment, made after consideration of all of the relevant evidence, favorable and unfavorable, as to whether the granting or continuation of a person's access authorization will not endanger the common defense and security and is clearly consistent with the national interest. 10 C.F.R. § 710.7(a). The entire process is a conscientious scrutiny of a number of variables known as the “whole person concept.” Adjudicative Guidelines ¶ 2(a). The protection of the national security is the paramount consideration. The regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Department of Navy v. Egan*, 484 U.S. 518, 531 (1988) (“clearly consistent with the national interest” standard for granting security clearances indicates “that security determinations should err, if they must, on the side of denials”); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

The Individual must come forward at the hearing with evidence to convince the DOE that granting or restoring access authorization “will not endanger the common defense and security and will be clearly consistent with the national interest.” 10 C.F.R. § 710.27(d). The Individual is afforded a full opportunity to present evidence supporting his eligibility for an access authorization. The Part 710 regulations are drafted so as to permit the introduction of a very broad range of evidence at personnel security hearings. Even appropriate hearsay evidence may be admitted. 10 C.F.R.

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<sup>3</sup> All DWI and DUI charges will be referred to as DWI charges in this decision.

§ 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

The discussion below reflects my application of these factors to the testimony and exhibits presented by both sides in this case.

#### IV. FINDINGS OF FACT

The Individual began drinking alcohol when he was nineteen years old, but, due to working long hours and raising his children, he limited his alcohol intake to “a few beers about three to four times a week.” Ex. 10 at 55. He received DWI charges when he was nineteen, twenty-five, and twenty-nine years old. *Id.* at 56. In 2019, the Individual’s manager came to him early in the morning and said that he smelled alcohol on the Individual. *Id.* at 55. The Individual believed the manager was smelling his mouthwash, but he had also consumed three mixed drinks the prior evening at home. *Id.* at 56. The Individual submitted to two breathalyzer tests, which produced results of .05 g/210L and .04 g/210L. *Id.* at 55–56. The Individual believed that the breathalyzer was not properly calibrated and asked to take a urine test, but his request was denied. *Id.* He quit in lieu of being terminated. *Id.* at 56.

The Individual began consuming more alcohol in 2021 because he was working less. Ex. 10 at 56. By 2023, he was consuming about four mixed drinks every day. *Id.* By 2024, he noticed that alcohol consumption was affecting his health. *Id.* His sleep apnea, Type II diabetes, and blood pressure were affected in ways that caused him to miss work often. *Id.* Eventually, the Individual was asked to take a breathalyzer upon return to work after taking unscheduled leave; the test returned a result of “.008,” but his blood pressure and blood sugar were so high that he was advised by his site’s Occupational Medicine office to go to a hospital. *Id.*; Ex. 2 at 10. He was also asked to submit to a Phosphatidylethanol (PEth) test,<sup>4</sup> which returned a positive result consistent with moderate to heavy alcohol consumption. Ex. F at 3–4.

In December 2023, the Individual was suspended from work after being AWOL for two days. Ex. 5 at 28. The Individual continued taking unscheduled leave, often failing to notify his employer until hours after his duty hours started. *Id.* In March 2024, the Individual received a Letter of Suspension and Last Chance Warning because of his attendance issues. *Id.*; Ex. 4 at 24. The Individual was sent an LOI, which he returned in May 2024, asking about his absenteeism, tardiness, and violation of the attendance policy. Ex. 9. The Individual responded that he had been experiencing health problems, that his alcohol consumption had exacerbated those problems, and that he was attending an Intensive Outpatient Program (IOP) for substance abuse and an Alcohol Awareness course offered through his employer’s Employee Assistance Program (EAP). *Id.* at 48. The Individual was sent a second LOI, which he returned in June 2024, with questions about his alcohol consumption. Ex. 8. The Individual responded that he had not consumed alcohol for three and a half months, that he had never sought counseling or treatment for alcohol, and that he did

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<sup>4</sup> A PEth test measures a blood sample for levels of an alcohol byproduct. *Direct Ethanol Biomarker Testing: PETH*, Mayo Clinic Laboratories, <https://news.mayocliniclabs.com/2022/09/13/direct-ethanol-biomarker-testing-peth-test-in-focus/> (last visited June 28, 2023). The test can detect alcohol consumption in the three to four weeks preceding the test. *Id.*

not believe he had a problem with alcohol (though he wished he had given it up sooner). *Id.* at 41, 43–45.

The Individual was referred to the Psychologist for an evaluation, which took place in mid-July 2024. Ex. 10. The Individual described his alcohol history and submitted to mental and psychological evaluations. *Id.* The Psychologist opined in her report of the evaluation that the Individual met sufficient diagnostic criteria for a diagnosis of Alcohol Use Disorder, severe, in early remission. *Id.* at 58. She wrote that it was too early to determine whether the Individual was rehabilitated or reformed from his Alcohol Use Disorder but acknowledged that he was working toward rehabilitation through his various treatment activities. *Id.* In regard to what evidence could show rehabilitation, the Psychologist recommended that the Individual should receive twelve months of treatment and support, beginning as of April 1, 2024, when the Individual began attending the IOP, which could include aftercare if offered through his IOP or a peer-support group meeting weekly, and submit to PEth testing every four to six weeks. *Id.* at 58–59.

From April 1 to July 1, 2024, the Individual attended the IOP, which consisted of two psychoeducational groups, one SMART Recovery group,<sup>5</sup> and one individual therapy session per week for twelve weeks. Ex. B at 1. He submitted into evidence a letter from the IOP which stated that he had remained consistent throughout the program, was compliant with all treatment mandates, and appeared engaged in his therapy. *Id.* The letter also stated that the Individual successfully finished the IOP and, on April 10, 2025, finished the recommended aftercare for the program. *Id.* The letter concluded by stating that the Individual “appears to have developed the internal coping skills needed to maintain his recovery. He seems to have an understanding of his triggers and emotions that related to his alcohol use.” *Id.* In May 2024, the Individual completed a six-week alcohol awareness and education class through his employer’s EAP. Ex. D at 1. In October 2024, the Individual began attending Alcoholics Anonymous (AA); he submitted into evidence documentation showing that he attended about two meetings per week through April 2025. Ex. A. The Individual also submitted into evidence documentation that he attended individual counseling sessions twice in October 2024, once in November 2024, and three times in January 2024. Ex. C at 1. In February 2025, the Individual completed a twelve-week sobriety maintenance class also through his employer’s EAP. Ex. D at 2. The Individual submitted into evidence the results of breath and urine tests for alcohol that were administered by his employer every one to two weeks from March 2024 through January 2025. Ex. F at 2. The Individual also submitted into evidence the results of eight monthly PEth tests administered from September 2024 through May 2025; each test returned a negative result.<sup>6</sup> Ex. F at 5–11; Ex. G.

The EAP Counselor testified that in addition to the Individual’s participation in her group classes, she had seen the Individual three times since February 2025, and had last seen him two days before

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<sup>5</sup> SMART Recovery is a peer support group that uses an “evidenced-informed recovery method grounded in Rational Emotive Behavioral Therapy (REBT) and Cognitive Behavioral Therapy (CBT)” and “supports people with substance dependencies or problem behaviors.” SMART Recovery (last visited June 13, 2025), *available at* <https://smartrecovery.org/what-is-smart-recovery>.

<sup>6</sup> The Individual began testing toward the end of September 2024 and tested roughly every five weeks after that, which resulted in no test occurring in the calendar month of November. The tests were administered on September 20, 2024; October 31, 2024; December 2, 2024; January 6, 2025; February 5, 2025; March 7, 2025; April 4, 2025; and an unspecified date in May 2025. Ex. F at 5–11; Ex. G.

the hearing. Tr. at 52–54. She testified that the Individual had improved significantly over the time she knew him. *Id.* at 55. She gave him an excellent prognosis because the Individual accepted and acknowledged that he had a problem with alcohol and because alcohol consumption is now inconsistent with the Individual’s values. *Id.* at 55–57. She testified that the Individual had changed his lifestyle and mindset and did not intend to drink in the future. *Id.* at 56–57. The EAP Counselor testified that the Individual’s faith was important to him and was helpful in his sobriety. *Id.* at 58–60. She testified that the Individual had held himself accountable and was committed to recovery. *Id.* at 57–58.

The Individual’s supervisor had known him for about fifteen years and had worked with him for various employers over the course of that time. Tr. at 64. He also considered himself to be the Individual’s friend, though they did not socialize outside of work. *Id.* at 64, 67. He had never had concerns with the Individual’s alcohol consumption, but had noticed a “slip” in December 2023. *Id.* at 65. He had not known at that time that alcohol was involved, but disciplined the Individual for attendance issues. *Id.* Since then, the Individual had had perfect attendance and the supervisor as seen “tremendous change” in him. *Id.* He described the Individual as dedicated. *Id.* at 67. He believed the Individual had “course correct[ed].” *Id.* at 69.

The Individual’s friend had known him for about sixteen years. Tr. at 73. He had worked with the Individual before at the employer where the Individual failed the breathalyzer test. *Id.* at 73. The friend typically saw the Individual about twice weekly and spoke with him more often. *Id.* at 74. He and the Individual attended church together and were both involved in church activities. *Id.* at 74–75. He described the Individual as leading a “godly man’s life.” *Id.* at 75. He and the Individual discussed their struggles in life and supported each other. *Id.* at 76–77. He was proud of the Individual for attending AA and for abstaining from alcohol. *Id.* at 78–79. He testified that he was also abstaining and that he and the Individual had discussed their intent to abstain from alcohol indefinitely. *Id.* at 79–80.

The Individual’s brother testified that he saw the Individual once or twice per month. Tr. at 94. He testified that they spoke almost daily on the phone. *Id.* He testified that he believed that the Individual had not consumed alcohol in a long time. *Id.* at 95. He had been concerned with the Individual’s previous alcohol use, but now he saw the Individual more oriented toward family and church; he also noticed that the Individual’s demeanor had changed since he stopped drinking, noting that he had become more responsible. *Id.* at 96–97.

The Individual’s AA sponsor testified that he first met the Individual in October 2024. Tr. at 101. He spoke with the Individual regularly at AA meetings and they also met weekly, typically on Fridays, to work the 12 Steps together. *Id.* at 102, 105. When he checked in with the Individual at meetings, he typically asked if the Individual was having difficulties and whether the Individual had been doing his assigned readings, his meditations, and his prayers. *Id.* at 102–03. During their Friday meetings, the sponsor would offer guidance to help the Individual work through the 12 Steps and to help him navigate ongoing stress in his life. *Id.* at 106. The sponsor testified that the Individual had been in AA for about eight months when they met, but he asked the Individual to start at Step 1 with him anyway. *Id.* at 108. He emphasized how they had gone through the Steps together, with a strong focus on accountability and the support of a higher power. *Id.* at 108–09. The sponsor testified that the Individual was taking more responsibility for his action and knew

that his actions had consequences. *Id.* at 104. He testified that the Individual shared at meetings well and knew that he needed to stay in AA to be successful. *Id.* He testified that, based on his seventeen years of experience sponsoring others in AA, he believed the Individual was doing well in the program and was sincere in his efforts. *Id.* at 103–04, 110. He praised the Individual for his openness and honesty and his willingness to share about the difficulties he had faced in life. *Id.* at 105. The sponsor testified that the Individual was “not playing the game, . . . he’s in it to help improve his life and to become a better person. . . . I can honestly say that he’s really trying to be a better person.” *Id.* at 110. He testified that he and the Individual would also discuss relapse prevention strategies and that the Individual’s spirituality was helpful in that regard. *Id.* at 107.

The Individual testified that his current employer placed him on suspension and issued a last chance warning in March 2024. Tr. at 23–24. He had been experiencing significant health issues, which he admitted were exacerbated by his alcohol consumption, and had been taking large amounts of time off work. *Id.* at 24–25. The Individual testified that his attendance issues were remedied and that abstaining from alcohol had contributed to resolving his health conditions. *Id.* at 25–26. The Individual testified that he had been consuming alcohol at home and did not recognize how much he was drinking; he testified that he was “not being accountable for how much I was drinking.” *Id.* at 26–27. He testified that there was “no more room for that in my life.” *Id.* at 27.

The Individual testified that his faith motivated him to maintain abstinence from alcohol. Tr. at 27. He acknowledged that he had been “abusing the use of alcohol,” and that he understood why the Psychologist came to her conclusions after his evaluation. *Id.* at 28. He testified that the Psychologist’s report had spurred him to lifestyle and mindset changes. *Id.* He testified to his compliance with her recommendations, in particular his completion of the IOP and EAP programs and his AA attendance. *Id.* at 29–30, 37. The Individual testified about his experience in the IOP, describing how he had gained insight into his behavior and the negative effects of alcohol on his life. *Id.* at 31–32. He testified that drinking had been a habit for him and that, “after work, that’s what we all did.” *Id.* at 33. He testified that he had adjusted his mindset to recognize that alcohol was not a “reward” and that it did not help him “cope with anything.” *Id.* at 33–34. The Individual testified that after the IOP, he completed the recommended aftercare, which consisted of six monthly individual counseling sessions. *Id.* at 35–36. He testified that he attended AA during that time and still attended two or three times a week. *Id.* at 37–38.

The Individual testified that his sponsor and others in his AA group were a part of his system of mutual support. Tr. at 37. He also testified that his family supported him as well. *Id.* at 38. He had a plan with a list of people he could call if he felt like he might relapse. *Id.* at 44. The Individual had not attended events where alcohol was served since he began abstaining from alcohol, but knew his friends would not pressure him to drink if he did. *Id.* at 39. He believed that his alcohol consumption was inconsistent with his present spirituality and faith and testified that he chose his church “over anything else.” *Id.* He testified that he intended to remain sober and continue attending AA indefinitely. *Id.* at 42–43. He testified that while he helped as much as he could in AA, he had not volunteered to sponsor a newcomer because he wanted to make sure he had the knowledge to be a good sponsor. *Id.* at 46.

The Psychologist testified that the Individual had complied with her recommendations and was rehabilitated and reformed from his Alcohol Use Disorder. Tr. at 113–14. She gave the Individual a good prognosis provided that he stayed on his current course. *Id.* at 114. The Psychologist based her opinion on several factors, including the Individual’s completion of the IOP, his attendance of peer support meetings through AA, and his sober support system. *Id.* at 115. She also noted that he had attended therapy and had learned about his triggers and developed new, healthy coping strategies through his community support and faith-based practices. *Id.* The Psychologist believed the Individual’s testimony, the first testimony taken in the hearing, regarding his recovery was consistent from a therapeutic standpoint with the subsequent testimony by his witnesses. *Id.* She testified that the Individual had done a good job internalizing what he had learned and that his faith would “really help propel him forward.” *Id.* at 116.

## V. ANALYSIS

A person who seeks access to classified information enters into a fiduciary relationship with the government predicated upon trust and confidence. This relationship transcends normal duty hours and endures throughout off-duty hours. The government places a high degree of trust and confidence in individuals to whom it grants access authorization. Decisions include, by necessity, consideration of the possible risk that the applicant may deliberately or inadvertently fail to protect or safeguard classified information. Such decisions entail a certain degree of legally permissible extrapolation as to potential, rather than actual, risk of compromise of classified information.

The issue before me is whether the Individual, at the time of the hearing, presents an unacceptable risk to national security and the common defense. I must consider all the evidence, both favorable and unfavorable, in a commonsense manner. “Any doubt concerning personnel being considered for access for national security eligibility will be resolved in favor of the national security.” Adjudicative Guidelines ¶ 2(b). In reaching this decision, I have drawn only those conclusions that are reasonable, logical, and based on the evidence contained in the record. Because of the strong presumption against granting or restoring security clearances, I must deny access authorization if I am not convinced that the LSO’s security concerns have been mitigated such that restoring the Individual’s clearance is not an unacceptable risk to national security.

Conditions that may mitigate Guideline G concerns include:

- (a) So much time has passed, or the behavior was so infrequent, or it happened under such unusual circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or judgment;
- (b) The individual acknowledges his or her pattern of maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations;
- (c) The individual is participating in counseling or a treatment program, has no previous history of treatment and relapse, and is making satisfactory progress in a treatment program; and



- (d) The individual has successfully completed a treatment program along with any required aftercare, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.

Adjudicative Guidelines at ¶ 23.

Regarding condition (a), the Individual's behavior is recent and persisted for a long period. I cannot find that it is unlikely to recur based solely on temporal distance. Also, the circumstances of the Individual's alcohol use were not unusual. While mitigating condition (a) does not apply, the Individual has changed his circumstances such that the behavior no longer casts doubt on his judgment, trustworthiness, or reliability, as discussed below.

Condition (c) is inapplicable here because the bulk of the Individual's treatment activities are complete and he is currently focused on maintaining his sobriety and applying what he learned in treatment. In contrast, condition (c) is concerned with current treatment. Accordingly, condition (c) does not apply.

I address conditions (b) and (d) together because both share an element that an individual has "demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations," and, in this case, the Individual's successful completion of treatment and aftercare are actions he has taken to overcome his alcohol issues. The Individual spoke clearly and with insight about the maladaptive nature of his alcohol consumption, highlighting how it became a problem (slowly and simply through habit) and why it was so harmful to him (serious health consequences and putting his livelihood in jeopardy). He committed to indefinite abstinence and has provided evidence of his abstinence via medical testing in accordance with the Psychologist's recommendations. The Individual completed an IOP and the recommended aftercare; he also continues deep involvement with AA and has established strong relationships in the recovery community. He has worked hard in therapy and gained insights into why he drank and how he can maintain his sobriety for the long term. In recognition of these efforts, the Psychologist opined that the Individual was rehabilitated and offered a positive prognosis for his sustained recovery. The Individual's efforts are sufficient for me to find that he has satisfied the elements of both mitigating conditions (b) and (d) and, therefore, that he has resolved the Guideline G security concerns.

## **VI. CONCLUSION**

Upon consideration of the entire record in this case, I find that there was evidence that raised concerns regarding the Individual's eligibility for access authorization under Guideline G of the Adjudicative Guidelines. I further find that the Individual has succeeded in fully resolving those concerns. Therefore, I conclude that restoring DOE access authorization to the Individual "will not endanger the common defense and security and is clearly consistent with the national interest." 10 C.F.R. § 710.7(a). Accordingly, I find that the DOE should restore access authorization to the Individual.

This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Kristin L. Martin  
Administrative Judge  
Office of Hearings and Appeals