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

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| In the Matter of: Personnel Security Hearing | ) | |
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| Filing Date: July 22, 2026 | ) | Case No.: PSH-26-0154 |
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Issued: November 18, 2026

**Administrative Judge Decision**

Erin C. Weinstock, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXX (the Individual) to hold an access authorization under the United States Department of Energy's (DOE) regulations, set forth at 10 C.F.R. Part 710, "Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material or Eligibility to Hold a Sensitive Position."[1] As discussed below, after carefully considering the record before me in light of the relevant regulations and the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position* (June 8, 2017) (Adjudicative Guidelines), I conclude that the Individual's access authorization should be granted.

## I. BACKGROUND

The Individual is employed by a DOE contractor in a position that requires him to hold an access authorization. Exhibit (Ex.) 1 at 2.[2] The Individual completed a Questionnaire for National Security Positions (QNSP) in March 2025, and in that QNSP he disclosed that in August 2024, he had been hospitalized as a result of consuming too much alcohol. Ex. 4 at 49. Subsequently, the Local Security Office (LSO) asked the Individual to complete a letter of interrogatory in May 2025 (May 2025 LOI). Ex. 6. Upon receipt of the responses to the LOI, the LSO asked the Individual to undergo a psychological evaluation in July 2025, by a DOE-consultant psychologist (DOE Psychologist). Ex. 8. As part of his evaluation, the Individual underwent a Phosphatidyl Ethanol

[1] The regulations define access authorization as "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). This Decision will refer to such authorization as access authorization or security clearance.

[2] References to the Local Security Office's (LSO) exhibits are to the exhibit number and the PDF page number from the LSO's exhibit notebook.

(PEth) test, which came back positive at a level of 35 ng/mL.[3] Ex. 9. At the evaluation, the Individual reported six alcohol-related blackouts between 2021 and 2024, as well as vomiting due to alcohol use between six and eight times. Ex. 8 at 104. In the report of her evaluation, the DOE Psychologist explained that the Individual had described "a pattern of episodic binge drinking" and stated that the Individual consumed "alcohol to the point of impaired judgment about once a month." *Id.* at 109. The LSO asked the Individual to complete a second letter of interrogatory in March 2026 (March 2026 LOI). Ex. 11. As a result of his March 2026 LOI responses, the LSO asked the Individual to complete a second PEth test, which was positive at a level of 33 ng/mL. Ex. 13.

The LSO subsequently issued the Individual a Notification Letter advising him that it possessed reliable information that created substantial doubt regarding his eligibility for access authorization. Ex. 1 at 2–4. In a Summary of Security Concerns (SSC) attached to the letter, the LSO explained that the derogatory information raised security concerns under Guideline G of the Adjudicative Guidelines. *Id.* at 6–8.

The Individual exercised his right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 3. The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge in this matter, and I conducted an administrative hearing in October 2026. The LSO submitted sixteen exhibits (Ex. 1–16). The Individual submitted five exhibits (Ex. A–E). The Individual testified on his own behalf and presented the testimony of two other witnesses. Hearing Transcript, OHA Case No. PSH-26-0154 (Tr.). The LSO presented the testimony of the DOE Psychologist. *Id.*

## II. THE SECURITY CONCERNS

Guideline G, under which the LSO raised security concerns, relates to security risks arising from excessive alcohol consumption. "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: "habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed with alcohol use disorder." *Id.* at ¶ 22(c). In citing Guideline G, the LSO relied upon the Individual's admission that he was a binge and habitual[4] consumer of alcohol. Ex. 2 at 6. The aforementioned allegation justifies the LSO's invocation of Guideline G.

[3] The LSO had the results of this test and the subsequent test interpreted by a board-certified psychiatrist. Ex. 14. She stated that a "negative PEth (less than the detection limit of 20 ng/ml) provides medical evidence that the subject has not been drinking on a regular, heavy basis within a few weeks of the test, and has not had binge drinking episodes or moderate drinking within about one week of the test. This test has a low risk of false positives from non-beverage alcohol. The detection window for alcohol consumption for this test is generally valid for 2-4 weeks prior to the testing but can indicate drinking occurring 6 weeks or more prior to the blood draw. A level of less than 20 ng/ml indicates abstinence or low consumption of alcohol, a level of 20-200 ng/mL indicates moderate drinking and a level of greater than 200-300 indicates heavy or binge drinking." *Id.* at 132.

[4] Although it is not mentioned in the DOE Psychologist's report, OHA has typically defined habitual consumption of alcohol as monthly alcohol consumption to the level of intoxication. *See Personnel Security Hearing*, OHA Case No. PSH-26-0076 at *9 (2026). The DOE Psychologist's report defines binge drinking as "consuming five or more drinks in a single occasion." Ex. 8 at 104.

## 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 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 regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Dep't 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).

An 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). An individual is afforded a full opportunity to present evidence supporting their eligibility for an access authorization. The Part 710 regulations are drafted to permit the introduction of a very broad range of evidence at personnel security hearings. Even appropriate hearsay evidence may be admitted. *Id.* at § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

## IV. FINDINGS OF FACT

The Individual first began consuming alcohol in 2021 at the age of nineteen while in college. Tr. at 62; *see also* Ex. 4 at 25 (QNSP response indicating the Individual was in college in 2021). Between that time and July 2025, he reported consuming alcohol to the point of intoxication about two to three times a month and vomiting due to overconsumption of alcohol between eight and ten times in that four-year period. Tr. at 62. He further reported that in that time period he had blacked out due to alcohol use on approximately six occasions. Ex. 8 at 104.

On August 8, 2024, the Individual consumed an unknown number of alcoholic beverages while celebrating the end of a summer internship with some of his friends. *Id.* The Individual "experience[ed] a blackout and [did] not recall how much alcohol he consumed." *Id.* His friends called emergency services because they were concerned for his safety, and he was transported to the hospital. *Id.* After several hours at the hospital, he regained consciousness and was discharged. Tr. at 47; Ex. 7 at 76 (medical records from hospital indicating the Individual was at the hospital approximately four hours). He did not recall being given any treatment recommendations when he was released from the hospital. Tr. at 47.. After this hospitalization, the Individual's mother expressed some concern to him about his behavior around alcohol consumption. *Id.* at 63.

The Individual blacked out from alcohol consumption in December 2024 while visiting his parent's home on winter break from graduate school. Ex. 8 at 104. On that occasion, he consumed about six drinks over several hours at a bar and did not recall walking home from the bar. *Id.* At the hearing, the Individual testified that night was the last time he had blacked out. Tr. at 72. The

Individual finished graduate school in spring of 2025. *Id.* at 74. After finishing graduate school, the Individual moved several states away from his school for work. Ex. 11 at 118.

The Individual was evaluated by the DOE Psychologist on July 21, 2025. Ex. 8 at 102. At this evaluation, the Individual reported to the DOE Psychologist that he had consumed alcohol between zero and three times a week, consuming two to three alcoholic beverages on average per occasion. *Id.* at 104. He also reported that on a vacation the month before the evaluation, he had engaged in binge drinking. *Id.* at 104–05. As part of his evaluation, the Individual underwent a PEth test on the same date, which came back positive at a level of 35 ng/mL. Ex. 14 at 131. According to the medical doctor who interpreted the Individual's PEth test, this PEth level indicated that the Individual had engaged in "moderate drinking in the two to four weeks prior to the test." *Id.* at 132. On the same day the Individual underwent the PEth test, he also underwent Ethyl Glucuronide (EtG) and Ethyl Sulfate (ETS) tests, which both came back negative. *Id.* at 131. According to the medical doctor who interpreted these tests, these negative results indicate that the Individual was abstinent from alcohol the three days prior to the testing. *Id.*

After the Individual completed the evaluation, the DOE Psychologist issued a report in which she concluded that the Individual habitually and binge consumed alcohol to the point of impaired judgment. *Id.* at 109. She explained that while the Individual "has demonstrated some insight and expressed regret about the August 2024 incident," she was concerned that he had "not taken measurable steps to modify his alcohol use . . . [or] demonstrated sustained behavior change." *Id.* at 110. In order for the Individual to show rehabilitation or reformation, the DOE Psychologist stated that the Individual should attend "a brief outpatient alcohol education or early intervention program focused on reducing risky drinking patterns and increasing self-awareness." *Id.* The DOE Psychologist also said that the Individual should provide "6 to 12 months of documented reduction or abstinence, corroborated by both self-report and follow-up PEth testing." *Id.* At the hearing, the DOE Psychologist explained that at the time of the evaluation, she did not feel the Individual "was close to meeting the criteria for alcohol use disorder," and therefore she recommended education rather treatment. Tr. at 97. The goal of her recommendations was to educate him rather than treat a disorder. *Id.* Further, she stated that she thought the Individual's alcohol use was "clinically significant" and could indicate impaired judgment, but "there [were] no other indications of impaired judgment . . . outside of sort of these binge drinking occasions." *Id.* at 98. The Individual testified that he was not told about the DOE Psychologist's recommendations at his evaluation and was not provided a copy of her report until June 30, 2026, about a year after the evaluation. *Id.* at 50–51.

In the March 2026 LOI the Individual reported that, on average, he consumed two and a half twelve- or sixteen-ounce cans of beer that were between five and six percent alcohol by volume a week. Ex. 11 at 119; Tr. at 63–64 (testifying that after meeting with the DOE Psychologist he tried to limit his consumption to three drinks a week). He also disclosed that he had not attended any alcohol education or intervention programs and had not joined any groups that aided in the treatment of alcohol problems. Ex. 11 at 119.

At the hearing, the Individual reported that he had last consumed alcohol on April 20, 2026. Tr. at 60. The prior weekend, the Individual had gone to visit some friends from college and had consumed more alcohol than was typical for him. *Id.* at 73–74. The Individual testified that he had

been "disappointed" with himself and his choices that weekend, so he decided to abstain from alcohol. *Id.*

On May 8, 2026, the Individual underwent another PEth test at the request of the LSO. Ex. 12 at 122. This PEth test came back positive at a level of 33 ng/mL. Ex. 13 at 124. The medical doctor who interpreted the Individual's PEth tests indicated that "the testing in July 2025 and May 2026 indicate moderate drinking but cannot differentiate any more detailed levels of drinking than that." Ex. 14 at 136. The Individual testified that this request and test motivated him to remain abstinent from alcohol use. Tr. at 67–68.

When the Individual received a copy of the DOE Psychologist's report in June 2026, he signed up for an alcohol education course and underwent an evaluation with an independent psychologist. *Id.* at 51–52; Ex. C (copy of drug and alcohol awareness course completion certificate); Ex. E (copy of independent psychological evaluation). The report issued by the independent psychologist found that the Individual did not meet the diagnostic criteria for any mental health conditions and that there was no evidence of "[p]sychological or [p]hysical [n]eed for [a]lcohol" or "[l]ack of [c]ontrol [r]elated to [a]lcohol." Ex. E at 23–25. These findings were largely consistent with those made by the DOE Psychologist, though the independent psychologist's report does not explain the bases of his conclusions. Tr. at 90–92.

The Individual testified that the alcohol and drug awareness course consisted of several units about topics like stress reduction, risk mitigation, and the impacts of alcohol use. *Id.* at 55. The Individual testified that the course included a discussion of triggers. *Id.* at 67. At the hearing, the Individual agreed that his drinking behavior in college and graduate school was problematic. *Id.* at 74. Further, the Individual's friend testified that the Individual had told her about the various steps that he was taking to "establish better habits when it comes to drinking alcohol," including telling her about his alcohol and drug awareness course and his evaluation by the independent psychologist. *Id.* at 23–24.

To support his testimony that he had not consumed alcohol since April 20, 2026, the Individual provided three negative PEth tests dated July 15, 2026, August 13, 2026, and September 10, 2026. Ex. B at 6. The Individual also testified that he does not have any urge to resume consuming alcohol, and he has no plans to return to using alcohol. Tr. at 68, 74.

The Individual explained that over the summer of 2026, some family friends came to visit him, and they made him a mocktail to drink when everyone else was consuming alcohol. Tr. at 76. He also explained that he has been open with his friends about his decision to abstain from alcohol consumption, and that they understand that he does not plan to consume alcohol with them in the future. *Id.* The Individual has also told his mother about the steps he has taken to address the concerns that she raised about his alcohol use, and he testified that she is "happy" with his efforts. *Id.* at 69–70.

At the hearing, the DOE Psychologist testified that based on what she heard at the hearing and the exhibits that she was provided, she believed that the Individual had demonstrated evidence of rehabilitation and had a favorable prognosis. *Id.* at 89. She explained that that she believed that he was "close to that six-month mark" of reduced alcohol consumption or abstinence that she had

recommended and that she believed he "had started to make some behavioral changes" before he stopped consuming alcohol. *Id.* While the Individual only had three months of negative PEth tests, the DOE Psychologist found the Individual's testimony as to his abstinence since April 20, 2026, to be credible based on how forthcoming he was about his past alcohol use and the problems that it had caused him. *Id.* at 99. She also indicated that it was uncommon for a person she evaluated to affirmatively report blackouts or vomiting because of alcohol consumption, and the Individual's admissions in that area added to his credibility. *Id.* at 100. The DOE Psychologist felt the Individual's testimony at the hearing showed he had insight into his past poor choices related to alcohol and went on to opine that participating in excessive alcohol consumption while in a college environment "was also developmentally appropriate." *Id.* at 96.

## V. ANALYSIS

### Guideline G

An individual may be able to mitigate security concerns under Guideline G through the following conditions:

> (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 maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified alcohol 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.

At the time of the August 2024 incident, the Individual was twenty-three years old and still in a school environment. Since that time, the Individual has completed his graduate degree and joined the workforce, moving to a new city and new environment. As he has gotten older, he has acknowledged the poor choices that he made in the past and has shown maturity by taking steps to address his maladaptive behaviors around alcohol that ensure he will not find himself in bad situations in the future. When the Individual learned about the DOE Psychologist's recommendations, he took immediate action to comply with them. Additionally, in this case, while the DOE Psychologist had concerns about the Individual's alcohol use, she did not believe those

concerns were serious enough to rise to the level of a diagnosable disorder. *See* 10 C.F.R. § 710.7(c) (explaining DOE officials "shall consider: The nature, extent, and seriousness of the conduct; . . . the age and maturity of the individual at the time of the conduct; . . . [and] the likelihood of recurrence").

The Individual has mitigated the security concerns pursuant to mitigating factor (b). During the hearing, the Individual acknowledged that in the past, he had used alcohol in inappropriate ways. He began to attempt to change his behavior immediately after seeing the DOE Psychologist by reducing his alcohol consumption, and after regressing and consuming alcohol in a way he was not proud of in April 2026, he made the decision to stop using alcohol completely. As recommended by the DOE Psychologist, he took an alcohol education course to learn more about the effects of alcohol use and the prevalence of alcohol abuse. Finally, his negative PEth tests and credible testimony adequately assured the DOE Psychologist that he had demonstrated a clear and established pattern of modified consumption or abstinence in line with her recommendations. Therefore, I find the Individual has mitigated the security concerns pursuant to mitigating factor (b).

Accordingly, I find that the Individual has resolved the security concerns asserted by the LSO under Guideline G.

## VI. CONCLUSION

In the above analysis, I found that there was sufficient derogatory information in the possession of DOE to raise security concerns under Guidelines G of the Adjudicative Guidelines. After considering all the relevant information, favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all the testimony and other evidence presented at the hearing, I find that the Individual has brought forth sufficient evidence to resolve the security concerns set forth in the Summary of Security Concerns. Accordingly, I have determined that the Individual's access authorization should be granted. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Erin C. Weinstock
Administrative Judge
Office of Hearings and Appeals