*The original of this document contains information which is subject to withholding from disclosure under 5 U.S. C. § 552. Such material has been deleted from this copy and replaced with XXXXXX's.

In the Matter of: Personnel Security Hearing	)		
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Filing Date: July 23, 2026	)	Case No.:	PSH-25-0155
	)		
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Issued: October 29, 2026

Administrative Judge Decision

Noorassa A. Rahimzadeh, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXX (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 not be restored.

I. Background

As part of the application process for securing an access authorization, the Individual completed and submitted a Questionnaire for National Security Positions (QNSP) in May 2023. Exhibit (Ex.) 3 at 210.[2] In the QNSP, the Individual disclosed that he was arrested and charged with Driving Under the Influence (DUI) in January 2011. *Id.* at 203. A criminal record report confirmed the same. *Id.* at 140.

The Individual subsequently underwent an Enhanced Subject Interview (ESI) in June 2023. *Id.* at 217. During the ESI, the Individual told the investigator interviewing him that on the night of the 2011 DUI incident, he was with a friend, drinking an unrecalled amount of liquor. *Id.* at 219. They left their location to buy food, and the vehicle the Individual was driving "got stuck in a ditch," at which point, law enforcement personnel responded to the scene. *Id.* The Individual failed field sobriety tests and was arrested. *Id.* He was sentenced to unsupervised probation, paid a fine and court costs, and attended Alcoholics Anonymous (AA) meetings for approximately "three to four months[,] four times a month" per the court order. *Id.*

[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] This Decision will refer to the PDF page number when citing to exhibits submitted by the local security office (LSO).

In December 2023, the Individual underwent a psychological evaluation, which was conducted by a DOE-consultant psychologist (First DOE Psychologist). Ex. 13. Although the Individual revealed that from 2010 to 2022, he was drinking three to four liquor and seltzer drinks per day, the First DOE Psychologist did not diagnose the Individual with Alcohol Use Disorder (AUD). *Id.* at 383, 386. The Individual submitted to phosphatidylethanol (PEth) and ethylglucuronide (EtG) tests in conjunction with the evaluation, both of which were negative for alcohol.[3] *Id.* at 386. The Individual was subsequently granted access authorization.

In November 2025, the Individual reported to the local security office (LSO) that his wife had pursued a protective order against him after she discovered that the Individual had placed a location device on her car, "and for becoming increasingly agitated in [their] conversations at home." Ex. 11 at 361. A copy of the complaint revealed that the Individual had firearms in his possession and alleged that in early November 2025, the Individual's wife observed a half bottle of champagne and an empty bottle of liquor on his bedside table. *Id.* at 368–69. When she was trying to leave the house a few days before she filed the complaint, the Individual attempted to block her exit, and she realized that the Individual was intoxicated. *Id.* The Individual completed a Letter of Interrogatory (LOI) in November 2025 at the behest of the LSO. Ex. 10. In the LOI, the Individual explained that in early November 2025, he had opened the bottles of liquor and champagne to help him sleep, and because he did not feel well, he missed several days of work. *Id.* at 351. He admitted that he had a device placed on his wife's car to track her movement, but reported that the order of protection was dismissed. *Id.*

The Individual completed another LOI in January 2026. Ex. at 9. In the January 2026 LOI, the Individual answered questions pertaining to his alcohol consumption. *Id.* at 342. The Individual explained that he typically consumes alcohol on the weekends, if he has not been placed on call by his employer. *Id.* at 342. When he consumes alcohol, he usually consumes about three beers or 150 to 200 milliliters of liquor. *Id.* He noted that his alcohol consumption increased in October 2025. *Id.*

As a result of his responses in the January 2026 LOI, in March 2026, the Individual submitted to a psychological evaluation conducted by a different DOE-consultant psychologist (DOE Psychologist), who produced a report of her findings in mid-April 2026. Ex. 7. In this report, the DOE Psychologist noted that the Individual told her that he consumes alcohol "approximately [fourteen] to [fifteen] days per month," and the PEth test conducted in connection with the evaluation revealed a result of 133 ng/mL, which was "consistent with moderate to heavy alcohol consumption over the preceding several weeks."[4] *Id.* at 325, 330. The EtG sample was negative. *Id.* at 330. Again, the Individual was not diagnosed with AUD, as the Individual "did not describe a pattern of impaired control, physiological dependence, or clinically significant consequences." *Id.* at 331.

[3] A positive PEth test indicates that an individual has consumed alcohol "over a period of up to 28 days." Ex. 13 at 386. "EtG, a byproduct of ethanol can be present in the urine for up to 72 hours[.]" *Id.*

[4] The interpretation of the PEth test result was provided by a medical doctor. Ex. 4.

In April 2026, the Individual reported to his employer's occupational medicine (Occ Med) after sustaining an injury due to a fall. Ex. 6 at 322. Medical personnel at Occ Med "smelled alcohol on [the Individual's] breath" and he was accordingly tested for alcohol. *Id.* The Individual initially had a blood alcohol content (BAC) of .02 and a confirmatory test measured it at in .023. *Id.* As this was in violation of fitness for duty procedure, the Individual was taken home by his supervisor and restricted from the site.[5] *Id.*

Due to the April 2026 incident, in May 2026 the Individual underwent a second psychological evaluation with the same DOE Psychologist who conducted the March 2026 evaluation. Ex. 5. The Individual did not resubmit to PEth and EtG testing. *Id.* On this occasion, the DOE Psychologist diagnosed the Individual with AUD, Mild, without adequate evidence of rehabilitation or reformation under the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition*. *Id.* at 318. During his meeting with the DOE Psychologist, the Individual admitted to her that his car was searched pursuant to fitness for duty procedures, and a semi-automatic rifle and handgun were located. *Id.* at 315. The DOE Psychologist noted that the Individual's reported that his alcohol consumption had increased in April 2026, and that his tolerance increased. *Id.* at 317. The DOE Psychologist also noted that the Individual had suffered "occupational consequences" and exhibited "poor judgment." *Id.* at 317.

The LSO began the present administrative review proceeding by issuing a letter (Notification Letter) to the Individual in which it notified him that it possessed reliable information that created a substantial doubt regarding his continued eligibility for access authorization. In a Summary of Security Concerns (SSC) attached to the Notification Letter, the LSO explained that the derogatory information raised security concerns under Guideline G (Alcohol Consumption) of the Adjudicative Guidelines. Ex. 1. The Notification Letter informed the Individual that he was entitled to a hearing before an Administrative Judge to resolve the substantial doubt regarding his eligibility to hold 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 Administrative Judge in this matter. At the hearing I convened pursuant to 10 C.F.R. § 710.25(d), (e), and (g), the Individual testified on his own behalf. *See* Transcript of Hearing, OHA Case No. PSH-26-0155 (hereinafter cited as "Tr."). The DOE Counsel submitted fourteen exhibits marked as Exhibits 1 through 14 and presented the testimony of the DOE Psychologist.

II. Notification Letter

Under Guideline G, "[e]xcessive 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. Among those conditions set forth in the Adjudicative Guidelines that could raise a disqualifying security concern are "alcohol-related incidents away from work . . . regardless of the frequency of the individual's alcohol use or whether the individual has been diagnosed with alcohol use disorder," "alcohol-related incidents at work, such as reporting for work or duty in an intoxicated or impaired condition," and "diagnosis by a

[5] The Individual was permitted to return to the site in May 2026. Ex. 5 at 315.

duly qualified medical or mental health professional . . . of alcohol use disorder[.]" *Id.* at ¶ 22(a)–(b), (d). Under Guideline G, the LSO alleged that:

1. The Individual "failed a fitness for duty test when it was discovered that he had a blood alcohol content (BAC) of .023% while at work." Ex. 1 at 6.

2. The Individual underwent a psychological evaluation conducted by the DOE Psychologist in May 2026, which resulted in a diagnosis of AUD, Mild, without adequate evidence of rehabilitation or reformation. *Id.*

3. In January 2011, the Individual was arrested and charged with DUI. *Id.* at 7.

4. In the Individual's response to the December 2025 LOI, he indicated that his marital issues had caused him to "drink[] more heavily" and miss "work for several days after an incident with his spouse." *Id.*

The LSO's invocation of Guideline G is justified. [6]

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 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. *Id.* § 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 and Hearing Testimony

[6] The SSC contained other allegations that, while providing context for the allegations described above, do not constitute independent concerns under Guideline G. Accordingly, these additional allegations are not addressed herein.

The mid-April 2026 report compiled by the DOE Psychologist indicates that the Individual experienced heightened stress levels and "occasional sleep disturbance" which he attributed to his impending divorce. Ex. 7 at 324. Although the Individual was prescribed sleep medication, he decided not to take it. *Id.* The Individual told the DOE Psychologist that, at that time, he drank "approximately fourteen to fifteen days per month, consuming approximately 200 mL [over six fluid ounces] of [liquor] per occasion." *Id.* at 325. He reported that the purpose of consuming alcohol was to help him sleep. *Id.* During this psychological evaluation, the Individual denied things like negative effects on attention and focus, blackouts, loss of control over his alcohol consumption, or "any recent alcohol-related consequences or functional impact." *Id.* The DOE Psychologist did, however, note the 2011 DUI, but that the Individual participated in AA meetings following the DUI and asserted that his consumption had reduced. *Id.* The PEth test result, the sample for which was collected in March 2026, was positive at 133 ng/mL.[7] *Id.* at 330. In the April 2026 report, the DOE Psychologist concluded that the Individual did not suffer from AUD at that time. *Id.* The DOE Psychologist noted that the Individual did not meet two or more of the diagnostic criteria for AUD because, even though his alcohol consumption was clinically relevant, "it [did] not reflect a pattern of impaired control or dependence and therefore [did] not meet" the diagnostic criteria. *Id.* at 331. She concluded that the Individual's alcohol consumption was "best understood as a response to stress rather than a pattern consistent with a diagnosable substance use disorder." *Id.* at 332. She indicated in the report that if the Individual's "alcohol use continue[d] at the current level or increase[d], alcohol related psychoeducation and substance use-focused intervention" would be appropriate. *Id.* at 333.

With respect to the April 2026 incident at work, the Individual told the DOE Psychologist during the May 2026 evaluation that he had "consumed whiskey on the afternoon and evening prior to the incident, beginning at approximately 3:30 or 4:00 pm[,] and stopping at approximately 8:45 pm."[8] Ex. 5 at 315. By the time he reported to work the following day, twelve hours had passed from his last drink, and accordingly, he believed that "there should [have been] nothing in [his] system[.]" Tr. at 23. The Individual did not intend to report to work under the influence of alcohol and was under the impression that enough time had passed since his last alcoholic drink. Ex. 5 at 315. He told the DOE Psychologist that his alcohol consumption had become more frequent in April 2026 and "had become more routine on weekends." *Id.*

In the May 2026 Report, the DOE Psychologist diagnosed the Individual with AUD, Mild, as the Individual experienced "recurrent alcohol use in situations involving elevated safety[9] and

[7] A medical doctor's report interpreting the results of the March 2026 PEth test indicates that the Individual "had engaged in moderate drinking in the period of [two to four] . . . weeks before the testing[.]" Ex. 4 at 310–11.

[8] When asked at the hearing how much he had consumed on this occasion, the Individual indicated that he could not recall. Tr. at 19. He did state that when he poured a small glass of liquor, he would drink it immediately. *Id.* at 20. He explained that the amount he drank on the day before he tested positive at work was not "out of the ordinary" at the time. *Id.* at 21.

[9] The DOE Psychologist's opinion in this regard was based in part on firearms being found in the Individual's vehicle during a search conducted on the day of his positive workplace alcohol test. Ex. 5 at 315. The Individual explained that he had been target shooting the prior weekend, and just never removed the rifle from his car. Tr. at 24, 26. He also stated that he always keeps his handgun with him. *Id.* He stated that pursuant to state laws, he does not need a license to carry and that his employer permits guns on the worksite, as long as it is concealed and unloaded. *Id.* at 25.

occupational risks," and there was evidence to suggest that his tolerance had increased, as he was consuming more in April 2026. *Id.* at 316–17. The DOE Psychologist also concluded that the April 2026 incident "represent[ed] evidence of alcohol-related functional consequences, including temporary restriction from site access and disruption to occupational functioning." *Id.* at 317. The Individual told the DOE Psychologist that he had stopped consuming alcohol the day after the April 2026 incident. *Id.* She concluded that the Individual had not shown adequate evidence of rehabilitation or reformation and recommended that the Individual abstain from alcohol for at least twelve months, enroll in and complete "alcohol-focused treatment[,]" submit to alcohol testing, and seek treatment for "sleep disturbance and development of non-alcohol-based coping strategies." *Id.* at 319.

At the hearing, the Individual was asked to describe his current alcohol consumption, to which he indicated that he does not consume liquor "or anything like that anymore" and that when he does consume alcohol, he consumes "just a couple of beers" a "few times in a . . . month[.]" Tr. at 15. The Individual claimed that he changed his consumption habits due to the April 2026 incident. *Id.* at 18. When asked at the hearing what caused his alcohol consumption to increase, the Individual stated that he could not "think of any specific reasons" but did state that he was seeing a woman in a romantic capacity who was consuming alcohol, and so he would consume alcohol when he was with her. *Id.* at 14. Accordingly, "it sort of just became habit[.]" *Id.* He testified that he stopped seeing this woman in May 2026. *Id.* at 14–15. The Individual provided no alcohol testing or other evidence to corroborate his claimed reduced consumption. *See id.* at 32 (testifying that he had not undergone alcohol testing). He confirmed at the time of the hearing that he had not participated in AA meetings "or any program," including therapy.[10] *Id.* at 28. He explained that because he has been able to abstain from alcohol without experiencing any withdrawal symptoms, he does not feel that he needs to undergo any kind of substance abuse treatment. *Id.* at 57.

The Individual was asked whether he believes he has an "alcohol problem," to which he responded, "no." *Id.* at 31. He conceded that alcohol consumption has caused issues in his life, but he felt that he had control over his alcohol consumption because years went by between alcohol-related incidents and the AUD diagnosis, and that the effect alcohol had on his life "[could have] been worse." *Id.* at 32, 38, 60. He confirmed at the hearing that he previously drank alcohol to assist him in falling asleep, as sleeping pills took too much time to work or caused side effects.[11] *Id.* at 39–40, 53–54. He did not feel that he had become dependent on alcohol to fall asleep. *Id.* at 58. He intends to consume alcohol in moderation in the future. *Id.* at 51.

He stated his belief that the presence of firearms in his car on the day of the April 2026 incident should not be considered in the AUD diagnosis. *Id.* at 27. When asked if he thought it was a bad idea to have ready access to firearms when he is under the influence, he said "[p]ersonally, no," but that the argument could be made when it comes to the general population. *Id.* When asked what makes him different from the general population, he indicated that he does not lack self-control. *Id.* at 27, 55–56. He testified that does not have any concerns that he may misuse a firearm when he has been drinking. *Id.* at 50.

[10] The Individual explained that he previously participated in therapy and that based on that experience, he does not like therapy or the solutions that therapists present. Tr. at 31, 44–45.

[11] In later testimony, the Individual indicated that he began using prescribed sleep medication prior to the hearing. *Id.* at 51.

The DOE Psychologist testified that between the first time she evaluated the Individual in 2026 and the second time, the Individual endorsed "occasional feelings of guilt or remorse related to alcohol use." *Id.* at 71. She opined that the feelings of guilt and remorse were related to the work incident in April 2026. *Id.* at 72. She explained that while the Individual endorsed being in control of his consumption, the occurrences of alcohol-related incidents and the influence that a romantic relationship had on his consumption did not suggest that the Individual was in control. *Id.* at 74. The DOE Psychologist did not change the Individual's diagnosis at the hearing. *Id.* at 87–88. She testified that the fact that the Individual reported consuming less alcohol and seeing a healthcare provider to receive prescription medication for sleep difficulties at the hearing were "protective factors" but that he had not demonstrated rehabilitation or reformation based on the fact that he had not remained abstinent for twelve months and he did not seek the recommended treatment. *Id.* at 88–89, 92.

V. Analysis

Guideline G

The Adjudicative Guidelines provide that conditions that could mitigate security concerns under Guideline G 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.

The Individual has not recognized his pattern of maladaptive alcohol use. In fact, although the Individual admitted that alcohol has caused some problems in his life, he also testified that he continues to consume alcohol against the recommendations of the DOE Psychologist. The record reflects that his alcohol consumption has fluctuated, and prior to April 2026, he was influenced by a romantic prospect to consume alcohol more frequently. It is concerning that the Individual could be influenced into drinking excessive quantities of alcohol. It is also concerning that the Individual

did not take more ownership over the fact that his alcohol consumption had increased. He also explained that his consumption was to assist with poor sleep, but did not feel that he had become dependent on alcohol to fall asleep. The Individual has not sought therapy or substance use treatment. He specifically stated that he did not feel substance use treatment was necessary because he had never experienced withdrawal symptoms when he stopped drinking alcohol. He has not attended AA or a similar program since the DOE Psychologist made that recommendation. Additionally, he testified that he had reduced his consumption, but he did not provide any objective test results to corroborate the claim. Further, there is some evidence in the record that the Individual may not understand or appreciate the possible danger that his alcohol consumption poses. Specifically, he was confident in his ability to control himself around firearms while consuming alcohol. As the Individual has a history of DUI I do not believe he can appreciate the danger of being around firearms while drinking.

As the Individual has a lengthy history of incidents resulting from his alcohol misuse, continues to consume alcohol in his home, and has not produced evidence to corroborate his testimony that he is no longer using alcohol maladaptively, I cannot conclude that 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. The Individual has not mitigated the stated concerns pursuant to mitigating factor (a).

The Individual has not acknowledged that his alcohol consumption was maladaptive, he has not stopped consuming alcohol in accordance with treatment recommendations, and he has not taken any actions to overcome this problem, other than reportedly reducing his alcohol consumption. Mitigating factor (b) has not been met.

The Individual has not sought treatment. Therefore, mitigating factors (c) and (d) are not applicable.

As none of the mitigating conditions are applicable, the Individual has not resolved the security concerns asserted by the LSO under Guideline G.

VI. Conclusion

For the reasons set forth above, I conclude that the LSO properly invoked Guideline G of the Adjudicative Guidelines. After considering all the evidence, both 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 not brought forth sufficient evidence to resolve the Guideline G concerns set forth in the SSC. Accordingly, the Individual has not demonstrated that restoring his security clearance would not endanger the common defense and security and would be clearly consistent with the national interest. Therefore, I find that the Individual's access authorization should not be restored. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Noorassa A. Rahimzadeh
Administrative Judge
Office of Hearings and Appeals