

<b>U.S. DEPARTMENT OF ENERGY HUMAN RELIABILITY PROGRAM (HRP) CERTIFICATION</b>	
<b>NAME:</b> _____	<b>INITIAL [ ] ANNUAL [ ]</b>
<b>POSITION:</b> _____	<b>DRUG TESTING DATE:</b> _____
<b>EMPLOYER:</b> _____	<b>ALCOHOL TESTING DATE:</b> _____
<b>ANNIVERSARY/DUE DATE:</b> _____	<b>TRAINING COMPLETION DATE:</b> _____
<b>COUNTERINTELLIGENCE EVALUATION APPROVAL DATE:</b> _____	
<b>SECTION A - SUPERVISORY REVIEW</b>	
I have reviewed all available information regarding this individual and have no reason to believe that this individual may represent a security or safety concern. <i>(If you cannot make such an affirmation, then do not sign here and attach a signed explanation.)</i>	
<b>SUPERVISOR:</b> _____	<b>DATE:</b> _____
<b>SECTION B - MEDICAL ASSESSMENT</b>	
I have reviewed this individual's medical files (including the examining physician's medical report and psychological evaluation) and I have no reason to believe that this individual may represent a security or safety concern. <i>(If you cannot make such an affirmation, then do not sign here and attach a signed explanation.)</i>	
<b>SITE OCCUPATIONAL MEDICAL DIRECTOR:</b> _____	<b>DATE:</b> _____
<b>SECTION C - MANAGEMENT EVALUATION</b>	
All relevant information concerning this individual (including the results of drug and alcohol testing) has been reviewed, and I have no reason to believe that this individual may represent a security or safety concern; therefore, I recommend that this individual be reviewed for HRP certification. <i>(If you cannot make such an affirmation, then do not sign here and attach a signed explanation.)</i>	
<b>MANAGEMENT OFFICIAL:</b> _____	<b>DATE:</b> _____

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May be exempt from public release under the Freedom of Information Act (5 U.S.C. 552) Exemption (b)(6), Personal Privacy. Department of Energy review required before public release  
Name/Org: \_\_\_\_\_ Date: \_\_\_\_\_

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<b>U.S. DEPARTMENT OF ENERGY HUMAN RELIABILITY PROGRAM (HRP) CERTIFICATION</b>
<b>SECTION D - DOE PERSONNEL SECURITY REVIEW</b>  <input type="checkbox"/> <b>Recommend HRP certification be granted/continued.</b> <input type="checkbox"/> <b>Recommend remanding for further clarifying information.</b> <input type="checkbox"/> <b>Process under 10 CFR 710.</b>
<b>PERSONNEL SECURITY SPECIALIST:</b> _____ <b>DATE:</b> _____
<b>SECTION E - HRP CERTIFICATION DETERMINATION</b>  <input type="checkbox"/> <b>HRP certification granted/continued.</b> <input type="checkbox"/> <b>HRP certification temporarily removed.</b> <input type="checkbox"/> <b>HRP certification reinstated.</b> <input type="checkbox"/> <b>HRP certification revoked.</b>
<b>HRP CERTIFYING OFFICIAL:</b> _____ <b>DATE:</b> _____

**OBM Disclosure Statement**

Public reporting burden for this collection of information is estimated to average ten 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 Security, HS-50, GTN, Paperwork Reduction Project (1910-5122), U.S. Department of Energy, 1000 Independence Ave., SW, Washington, DC 20585- 1290; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-5122), Washington, DC 20503.

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