

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

**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.

**SECTION I. INSTRUCTIONS**

NOTE: Make two copies and forward original to employer; employee retains copy; and Alcohol Technician retains copy

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| <b>STEP 1</b> | <p>The Breath Alcohol Technician (BAT) completes the information required in this step. Be sure to <u>print</u> the employee's name and check mark the reason for the test. Print the HRP supervisor's name and phone number. The HRP supervisor is the person who initially or annually nominates the person for HRP certification. In Step 1-D. A reason for test should be circled for either occurrence or post-accident tests.</p> <ul style="list-style-type: none"><li>• <b>NOTE:</b> If the employee refuses to provide an I.D. number, be sure to indicate this in the remarks section in STEP 3. Proceed with STEP 2.</li></ul> |
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<b>STEP 2</b>	<b>Instruct the employee to read, sign, and date the employee certification statement in STEP 2.</b> <ul style="list-style-type: none"><li>• <b>NOTE: If the employee refuses to sign the certification statement <u>do not proceed</u> with the alcohol test. Contact the HRP Supervisor.</b></li></ul>
<b>STEP 3</b>	<p>The BAT completes the information required in this step and checks the type of device (saliva or breath) being used. After conducting the alcohol screening test, do the following (as appropriate): Enter the information for the screening test (test number, testing device name, testing device serial number or lot number and expiration date, time of test with any device-dependent activation times, and the results) on the front of the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF). For a breath testing device capable of printing, the information may be part of the printed record.</p> <ul style="list-style-type: none"><li>• <b>NOTE:</b> Be sure to enter the result of the test exactly as it is indicated on the breath testing device, e.g., 0.00, 0.02, 0.04, etc.</li></ul> <p>Affix the printed information to the front of the form in the space provided, or to the back of the form, in a <u>tamper-evident</u> manner (e.g., tape), or the device may print the results directly on the ATF. If the results of the screening test are less than 0.02, print, sign your name, and enter today's date in the space provided. The test process is complete.</p> <ul style="list-style-type: none"><li>• If the results of the screening test are 0.02 or greater, a confirmation test must be administered in accordance with the Department of Transportation regulations. An EVIDENTIAL BREATH TESTING device that is capable of printing confirmation test information <u>must</u> be used in conducting this test.</li><li>• Ensure that a waiting period of at least 15 minutes occurs before the confirmation test begins. Circle YES or NO to indicate whether the waiting period lasted at least 15 minutes.</li><li>• After conducting the alcohol confirmation test, affix the printed information to the front of the form in the space provided, or to the back of the form, in a <u>tamper-evident</u> manner (e.g., tape), or the device may print the results directly on the ATF. Print, sign your name, and enter the date in the space provided. Go to STEP 4.</li></ul>
<b>STEP 4</b>	<p>If the employee has a breath alcohol confirmation test result of 0.02 or higher, instruct the employee to read, sign, and date the employee certification statement in STEP 4.</p> <ul style="list-style-type: none"><li>• <b>NOTE:</b> If the employee refuses to sign the certification statement in STEP 4, be sure to indicate this in the remarks line in STEP 3.</li><li>• Immediately notify the HRP Supervisor if the employee has a breath alcohol confirmation test result of 0.02 or higher.</li></ul> <p>Make a copy for the employee, make a copy for the BAT records, and forward the original to the employer.</p>

SECTION II. FORM COMPLETION STEPS					
<b>STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN</b>					
<b>1. Employee Name:</b>			<b>2. Employee ID No:</b>		
<b>3. Employer Name:</b>					
<b>4. HRP Supervisor:</b>			<b>5. Phone Number:</b>		
<b>6. Reason for Test:</b> <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Susp. <input type="checkbox"/> Post-Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Pre-employment					
<b>STEP 2: TO BE COMPLETED BY EMPLOYEE</b>					
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:					
<b>7. Signature of Employee:</b>			<b>8. Date:</b>		
<b>STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN</b>					
(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 as recorded.					
<b>Technician (BAT):</b> <b>Device:</b> <input type="checkbox"/> SALIVA <input type="checkbox"/> BREATH* <input type="checkbox"/> 15-Minute Wait: <input type="checkbox"/> YES <input type="checkbox"/> 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.					
<b>9. REMARKS:</b>					
<b>10. Alcohol Technician's Company:</b>			<b>11. Company Street Address:</b>		
<b>12. Company City, State, Zip:</b>			<b>13. Phone Number:</b>		
<b>14. Alcohol Technician's Name:</b>		<b>15. Signature:</b>		<b>16. Date:</b>	
<b>STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 or HIGHER</b>					
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.					
<b>17. Signature of Employee:</b>			<b>18. Date:</b>		

*Affix or print screening results here.*

*Affix or print confirmation results here.*

*Affix with tamper evident tape.*

*Affix or print additional results here.*

*Affix with tamper evident tape.*