

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

NAME:

INITIAL

ANNUAL

POSITION: _____

DRUG TESTING DATE: _____

EMPLOYER: _____

ALCOHOL TESTING DATE: _____

ANNIVERSARY/DUE DATE: _____

TRAINING COMPLETION DATE: _____

COUNTERINTELLIGENCE EVALUATION APPROVAL DATE: _____

SECTION A - SUPERVISORY REVIEW

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. *(If you cannot make such an affirmation, then do not sign here and attach a signed explanation.)*

SUPERVISOR: _____ **DATE:** _____

SECTION B - MEDICAL ASSESSMENT

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. *(If you cannot make such an affirmation, then do not sign here and attach a signed explanation.)*

SITE OCCUPATIONAL MEDICAL DIRECTOR

HRP DESIGNATED PHYSICIAN (OPTIONAL)

Date: _____

Date: _____

SECTION C - MANAGEMENT EVALUATION

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. *(If you cannot make such an affirmation, then do not sign here and attach a signed explanation.)*

MANAGEMENT OFFICIAL: _____ **DATE:** _____

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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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SECTION D - DOE PERSONNEL SECURITY REVIEW

Recommend HRP certification be granted/continued.

Recommend remanding for further clarifying information.

Process under 10 CFR 710.

PERSONNEL SECURITY SPECIALIST: _____ **DATE:** _____

SECTION E - HRP CERTIFICATION DETERMINATION

HRP certification granted/continued.

HRP certification temporarily removed.

HRP certification reinstated.

HRP certification revoked.

HRP CERTIFYING OFFICIAL: _____ **DATE:** _____

OMB 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 Environment, Health, Safety and Security, AU-1.2, FSTL. 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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