

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

### 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. This statement is in reference to the relevant System of Records Notice (SORN) per Circular A-108, DOE-50, HRP Records SORN 230104 (<https://www.federalregister.gov/documents/2009/01/09/E8-31316/privacy-act-of-1974-publication-of-compilation-of-privacy-act-systems-of-records>).

### OMB BURDEN DISCLOSURE STATEMENT

This data is being collected to certify participation in the Human Reliability Program. The data you supply will be used 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 10 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 1: Participant Information**

1. Name: \_\_\_\_\_ **Initial:** \_\_\_\_\_ **Annual:** \_\_\_\_\_

2. Position: \_\_\_\_\_ 3. Employer: \_\_\_\_\_

4. Anniversary Due Date: \_\_\_\_\_ 5. Drug Testing Date: \_\_\_\_\_

6. Alcohol Testing Date: \_\_\_\_\_ 7: Training Completion Date: \_\_\_\_\_

8. Counterintelligence Evaluation Approval Date: \_\_\_\_\_

### **Section 2: Supervisory Review and Approval**

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).*

9. Name: \_\_\_\_\_ 10. Signature: \_\_\_\_\_ 11. Date: \_\_\_\_\_

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**Section 3: 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 Approval:**

12. Name: \_\_\_\_\_ 13. Signature: \_\_\_\_\_ 14. Date: \_\_\_\_\_

**HRP Designated Physician Approval: (Optional)**

15. Name: \_\_\_\_\_ 16. Signature: \_\_\_\_\_ 17. Date: \_\_\_\_\_

**Section 4: Management Official Evaluation and Approval**

All 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.)*

18. Name: \_\_\_\_\_ 19. Signature: \_\_\_\_\_ 20. Date: \_\_\_\_\_

**Section 5: DOE Personnel Security Review and Approval**

- Recommend HRP certification be granted/continued
- Recommend remanding for further clarifying information
- Process under 10 CFR 710

21. Name: \_\_\_\_\_ 22. Signature: \_\_\_\_\_ 23. Date: \_\_\_\_\_

**Section 6: HRP Certification Determination and Approval**

- HRP certification granted/continued
- HRP certification temporarily removed
- HRP certification reinstated
- HRP certification revoked

24. Name: \_\_\_\_\_ 25. Signature: \_\_\_\_\_ 26. Date: \_\_\_\_\_