# CONTROLLED//PRVCY

U.S. DOE - Naval Reactors Personnel Security Information Reporting Form (Reportable By Others - Apparent Or Suspected Alcohol Abuse)

The individual filling out this form is responsible for ensuring no classified, Unclassified Controlled Nuclear Information, or Unclassified Naval Nuclear Propulsion Information is included or attached.

Check box if this report is regarding some other cleared individual. Provide your contact information here. Leave blank any clearance holder information not known.

Name: (self-reporting leave blank) Phone Number: Unclassified Email Address:

CLEARANCE HOLDER/APPLICANT INFORMATION THIS REPORT IS APPLICABLE TO				
Today's Date:		Federal	Work Location (Site and City/State):	
Name (Last, First,	, Middle):		Employer:	
Date of Birth:	Last 4 SSN:	DOE# (If Known)	Clearance Level:	Special Access:
				HRP SCI
Home Address:	City, State, Zip			
Work Phone:	Home or Cell Phone:		Unclassified Email Address: (for any questions)	

### **Reportable by Others Section**

### **Apparent or Suspected Alcohol Abuse**

To ensure the protection of classified/sensitive information, you must report when a covered individual is involved in, or suspected to be involved in, activities that may be of potential security or counterintelligence (CI) concern. Covered individuals are anyone who has access to classified information or who hold sensitive positions, including, but not limited to, contractors, subcontractors, licensees, certificate holders, grantees, experts, consultants, and government employees. Attach additional pages with your answers if this form doesn't provide adequate space for reported information.

### Do not include any NNPI, UCNI, or classified information on this form.

# Submit this form and also perform prompt notification directly to the Security Director if the observation occurs on site.

See next page for entry of the information you are reporting.

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Please report any apparent or suspected alcohol abuse. Examples may include, but are not limited to: workplace incidents or violations involving alcohol, excessive use of leave or consistent tardiness that is suspected to be related to alcohol use, known or suspected arrests or contact with law enforcement relating to alcohol, behavior observed in the workplace that is consistent with alcohol abuse (i.e. slurred speech, unusual behavior, odor of alcohol, etc.), or any known treatment or hospitalization related to alcohol. Please fully describe the incident, activity, behavior, etc., and include the who, what, when, where, why, and how:

Questions may be directed to the NR PERSEC Helpdesk: NRPERSEC.Helpdesk@nrp.doe.gov or 518-395-6373

I certify or affirm that the information on this form is true and correct, to the best of my knowledge.

Signature:

Date:

Signature may be electronic or wet.

### **Submission Instructions**

When complete, sign the form and forward to the Naval Reactors Personnel Security Office. Keep a copy of your submission for your own personal records.

Contact the NR Personnel Security Office for any form submission questions.

### Submission methods

#### \* DO NOT SUBMIT BETWEEN DIFFERENT NETWORKS DUE TO SYSTEM COMPATIBILITY PROBLEMS \*

- 1. From NMCI, send to steve.a.bowen.civ@us.navy.mil AND arthur.m.duvall.civ@us.navy.mil
- 2. From DOECOE, send to nrpersec.helpdesk@nrp.doe.gov
- 3. From PrimeNet, send to nrpersec@unnpp.gov
- 4. From NNPP Net (high side), send to nrpersec@nnpp.gov
- 5. By FAX, 518-395-6078
- 6. By mail, US Dept of Energy, NR PERSEC, PO Box 1069, Schenectady, NY 12301-1069

7. From corporate and personal E-mail accounts, send via a password-protected PDF in an unencrypted mail to the Personnel Security Office at nrpersec.helpdesk@nrp.doe.gov and send the password for the PDF to the Personnel Security Office via a second, separate email.

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