

DIRECTIVES CONTROL FORM - DOE FINAL ORDER

DIST. 1-20-93

PART A (To be completed by the **DIRECTIVES MANAGEMENT GROUP, AD-440**):

TO: DIRECTOR, DIVISION OF PRIMARY INTEREST: J. Banta, Director, Personnel Division, AD-44

NUMBER, TITLE, AND DATE OF DIRECTIVE: DOE 3792.3 CHG 1, DRUG-FREE FEDERAL WORKPLACE TESTING IMPLEMENTATION PROGRAM, of 8-21-92

The attached directive, which is within your area of functional responsibility, is forwarded for review and necessary action. Complete Part B and forward this form to AD-440 by 12-18-92.

PART B (To be completed by the **DIVISION OF PRIMARY INTEREST (DPI)**):

1. **APPLICABILITY:** Is directive applicable to contractor(s)? Check appropriate boxes below:

No (all contractors)

Yes If yes, whom? MMES MK-Ferguson ORAU SURA

Other contractors (list by type)

2. **IMPLEMENTATION:** Does the Order contain special implementation requirements and/or dates?

No Yes If yes, describe:

3. **SUMMARY OF SIGNIFICANT PROVISIONS OR CHANGES AND IMPACT:**

None

4. **OAK RIDGE IMPLEMENTATION GUIDANCE:** Is new ORIG or revision required? Yes No

If yes, target date for submission of draft ORIG to AD-440 is _____.

5. **IDENTIFY CONTACT POINT:** Charlie Rice 6-0675
Name Telephone

6. **APPROVED BY DIRECTOR:** J. Banta, Director, AD-440 12-14-92 576-0658
Signature and Date Telephone

PART C (To be completed by the **DIRECTIVES MANAGEMENT GROUP, AD-440**):

APPROVED FOR DISTRIBUTION IN ACCORDANCE WITH OFFICIAL DIRECTIVE DISTRIBUTION LIST:

Jennifer H. Cusick, AD-440 12/14/92
Name Date

INSTRUCTIONS TO ADDRESSEES: THIS FORM IS TO BE FILED WITH THE DIRECTIVE AND RETAINED.