U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM Calendar Year Covered by this Report: 2020 OMB No. 2105-0529 Form DOT F 1385 (Rev. 4/2019) I. Employer: Company Name: HOLLY ENERGY PARTNERS - OPERATING, L.P. Doing Business As (DBA) Name (if applicable): Address: 501 E. MAIN STREET Artesia New Mexico 88210 mail: jessica.simer@hollyfrontier.com Name of Certifying Official: __JESSICA SIMER Signature: Telephone: (575) 746-5285 Date Certified: <u>02-24-2021</u> Prepared by (if different): <u>JENNIFER SCRIPSICK</u> Telephone: ___(800) 294-8758 Ext 422 (800) 294-8758 C/TPA Name and Telephone (if applicable): ___PIPELINE TESTING CONSORTIUM Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate: FMCSA - Motor Carrier: DOT #: Owner-operator: (circle one) YES or NO Exempt: (circle one) YES or NO FAA - Aviation: Certif (icate # (if (applicable): Plan/Registration # (if applicable): X PHMSA - PipeLine: (Check) Gas Gathering X Gas Transmission X Gas Distribution X Transport Hazardous Liquids X Transport Carbon Dioxide FRA - Railroad: Total Number of observed/documented Part 219 "Rule G" Observations for covered employees: USCG - Maritime: Vessel ID # (USCG- or State-Issued): (if more than one vessel, list separately.) FTA - Transit **II. Covered Employees:** (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories: 186 Enter Total Number of Employee Categories: (C) **Employee Category** Total Number of Employees in If you have multiple employee categories, complete Sections this Category I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II Operation/Maintenance/Emergency Response 186 (C), III, and IV for each separate employee category. III. Drug Testing Data: 2 3 5 6 7 4 10 11 12 13 Total Number Of Test Results [Should equal the sum of Columns 2, 3, 9, 10, 11, and 12] Refusal Results Results ~ For One Or More Drugs Verified Negative Results Cancelled Results Positive For Amphetamines Other Refusals To Submit To Testing Positive For Marijuana Positive For Cocaine Positive For PCP Positive For Opioids Verified Positive Bladder" ~ No Medical Adulterated Substituted "Shy Bladder With No Med Explanation Type of Test 47 () () 0 Pre-Employment 46 1 0 0 0 () 1 1 0 99 99 0 () 0 0 0 0 0 0 0 () 0 Random Post-Accident () 0 0 0 0 0 () 0 () 0 0 0 0 Reasonable Susp./Cause 0 0 () 0 () 0 () 0 () 0 0 0 0 0 0 0 0 0 0 0 Return-to-Duty 0 0 0 0 0 0 Follow-Up 6 6 0 0 0 0 0 0 0 0 0 0 0 TOTAL 0 () 0 -0 () 0 0 0 152 151 -1 IV. Alcohol Testing Data: 9 2 3 5 6 1 Screening Tests With Results 0.02 Or Greater Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8] Refusal Results Screening Tests With Results Below 0.02 Confirmation Tests With Results 0.02 Through 0.039 Ö Confirmation Tests With Results 0.04 Or Greater Confirmation Tests Cancelled Results "Shy Lung" ~ With No Medical Explanation **Fotal Number Of** Other Refusals To Submit To Testing Number Of Results Type of Test 0 () 0 0 0 0 () () Post-Accident 0

0

0

0

0

0

0

0

0

0

0

0

0

Reasonable Susp./Cause

Return-to-Duty

Follow-Up

TOTAL

0

()

0

0

()

0

0

0

0

0

0

0

0

0

()

0

0

0

0

0

0

0

0

0