U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM Calendar Year Covered by this Report: 2022 Federal Tax ID/BTIN #: 203697326

1. Employer:															
Company Name:							HF S	INCLA	JR						
Doing Business As (DBA)															
Address:	501 E. MAIN STREET, ARTESIA, NM,									jessica.simer@hfsinclair.com					
Certifying Official:	JESSICA SIMER 575-746-5285							Signatur		JESSICA SIMER					
Telephone:								Date C	ertified:	1/6/2023 Telephone: 620-669-8800					
Prepared by (if different): C/TPA Name and Telephone (if applicable):					Vergi Geurian Pipeline Testing Cor				n Ino	Telephone: 620-669-8800 620-669-8800					
C/TPA Name and Telephon	не (п аррисав	ie).			ripe	inie re	sting Co	isortiui	ii, iiic				020-00	9-0000	
Check the DOT agency for	-	reporti	ng MIS	data; an	_										
FMCSA - Motor Carrier:	DOT #:				Owner	r-operat	or: (circle o				-	e One) Y	ES or	NO	
FAA-Aviation: PHMSA- Pipeline:		Certificate # (if applicable): Plan / Registration # (if applicable): (Check) Gas Gathering Gas Transmission Gas Distribution Transport Hazardous Liquids Transport Carbon Dioxi												-uhan Diadida	
FRA - Railroad:	Total Number			_							-	S 🔲 ITa	risport C	arbon bioxide	
USCG - Maritime:	Vessel ID # (- 1 art 21) Kuic	- G Observ	ations to	COVER	i employ		han one ve	essel, list	separately.)	
II. Covered Employees: (A			_	Sensitiv	e Emplo	yees In	All Emplo	yee Cate	egories:				259		
(B) Enter Total Number of	Employee Ca	ategorie	s:		1										
(C) Employee Category				Total Number of Employees in this Category				If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each							
OPERATIONS/MAINTENANCE/EMERGENC Y RESPONSE			259					employee category and complete Stections II (C), III, and IV for each seperate employee category.							
III. Drug Testing Data:	101						l								
	1	2	3	4	5	6	7	8	9	10	11	12	13	-	
	ults 12]		- For					SS		Refu	sal Results	ı			
	Total Number of Test Results (Should equal the sum of Columns 2,3,9,10,11, and 12]	Verified Negative Results	Verified Positive Results - For One Or More Drugs	Positive for Marijuana	Positive for Cocaine	Positive for PCP	Positive for Opiates	Positive for Amphetamines	Adulterated	Substituted	'Shy Bladder" - With No Medical Explanation	Other Refusals to Submit to Testing	Cancelled Results		
Type of Test	Total [Shou Colun		Verit	Posit								Other to Te			
Pre-Employment	150	149	1	1	0	0	0	0	0	0	0	0	6		
Random	144	144	0	0	0	0	0	0	0	0	0	0	0		
Post-Accident	2	2	0	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		
Return-to-Duty	0	0	0	0	0	0	0	0	0	0	0	0	0		
Follow-Up	1	1	0	0	0	0	0	0	0	0	0	0	0		
TOTAL	297	296	1	1	0	0	0	0	0	0	0	0	6		
IV. Alcohol Testing Data:	1	2	3	4	5	6	7	8	9						
	ρυ	6)		rest)r	Refusal	Results							
	Total Number of Screening Test Results	Screening Tests Below .02	Screening Tests .02 or Greater	Number of Confirmation Test Results	Confirmation Results .02 through .039	Confirmation Results .04 or Greater	Shy Lung No Medical Explanation	Other Refusals to Submit	Cancelled Results						
Type of Test	Tota Test	Scre	Scre	Nun Rest	Con .0	Confirm Greater	Shy Expl	Othe	Can						
Pre-Employment	0	0	0	0	0	0	0	0	0						
Random	0	0	0	0	0	0	0	0	0						
Post-Accident	1	1	0	0	0	0	0	0	0						
Reasonable Cause	0	0	0	0	0	0	0	0	0						
Return-to-Duty	0	0	0	0	0	0	0	0	0						
Follow-Up	0	0	0	0	0	0	0	0	0						

TOTAL