

U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM

Calendar Year Covered by this Report: 2022

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): 32011, 14391, 31805, 32450, 32493, 40061
 Address: 501 E. MAIN STREET Artesia New Mexico 88210 E-mail: jessica.simer@hollyfrontier.com
 Name of Certifying Official: JESSICA SIMER Signature: _____
 Telephone: (575) 746-5285 Date Certified: 03-13-2023
 Prepared by (if different): JENNIFER SCRIPSICK Telephone: (800) 294-8758 Ext 422

C/TPA Name and Telephone (if applicable): PIPELINE TESTING CONSORTIUM (800) 294-8758

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): _____
 PHMSA - PipeLine: (Check) Gas Gathering Gas Transmission Gas Distribution Transport Hazardous Liquids Transport Carbon Dioxide
 FRA - Railroad: Total Number of observed/documentated 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: 332

(B) Enter Total Number of Employee Categories: 1

Employee Category	Total Number of Employees in this Category
Operation/Maintenance/Emergency Response	332

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

Type of Test	1	2	3	4	5	6	7	8	9	10	11	12	13
	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 Opioids	Positive For Amphetamines	Refusal Results				Cancelled Results
								Adulterated	Substituted	"Shy Bladder" ~ With No Medical Explanation	Other Refusals To Submit To Testing		
Pre-Employment	151	150	1	1	0	0	0	0	0	0	0	0	6
Random	155	155	0	0	0	0	0	0	0	0	0	0	0
Post-Accident	1	1	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	308	307	1	1	0	0	0	0	0	0	0	0	6

IV. Alcohol Testing Data:

Type of Test	1	2	3	4	5	6	7	8	9
	Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]	Screening Tests With Results Below 0.02	Screening Tests With Results 0.02 Or Greater	Number Of Confirmation Tests Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	Refusal Results		Cancelled Results
							"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	
Post-Accident	1	1	0	0	0	0	0	0	0
Reasonable Susp./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	1	1	0	0	0	0	0	0	0

(Jessica Simer) 3/13/23

PAPERWORK REDUCTION ACT NOTICE (as required by 5 CFR 1320.21)

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a 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 current valid OMB Control Number. The OMB Control Number for this information collection is 2105-0529. Public reporting for this collection of information is estimated to be approximately 90 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, U.S. Department of Transportation, Office of Drug and Alcohol Policy and Compliance, 1200 New Jersey Avenue, SE, Suite W62-300, Washington, D.C. 20590.

Title 18, USC Section 1001, makes it a criminal offense subject to a maximum fine of \$10,000, or imprisonment for not more than 5 years, or both, to knowingly and willfully make or cause to be made any false or fraudulent statements or representations in any matter within the jurisdiction of any agency of the United States.