

## Paperwork Burden Notice:

The public reporting burden for this form is estimated to be 10 minutes. The burden estimate includes time for reviewing instructions, researching existing data sources, gathering and maintaining the needed data, and completing and submitting the form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: NPPD/OIP/Chemical Security Compliance Division, Attention: Matthew Bettridge, Project Manager, U.S. Department of Homeland Security, Mail Stop 8100, Washington, DC 20528-8100. (Paperwork Reduction Project (1670-0007)). Your response is mandatory according to Public Law 109- 295 Section 550. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form.

NOTE: DO NOT send your completed form to this address.

## Chemical Security Assessment Tool (CSAT)

Input Screens and Fields for CSAT User Services System at ORNL (Tier 2)

### Company Information

Name	<input type="text"/>
Address	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text" value="-- Select Name --"/>
Zip	<input type="text"/>

- Company Fields
  - Company Name
  - Address 1
  - Address 2
  - City
  - State
  - Zip Code
- Contact Fields
  - First Name
  - Last Name
  - CSAT Role
  - Title
  - CSAT Registration ID
  - E-mail Address

- Office Phone
- Mobile Phone
- Fax
- Address
- City
- State
- Zip Code
- Country
- Best Contact Method
- Ticket Fields
  - Ticket Number
  - Time of Call
  - Method of Receipt
  - Problem Description
  - Level 1 Assignment
  - Potential FAQ Category
  - Status
  - Resolution Response
  - Resolution Action
  - Resolution Time
  - Resolved By
  - Requester Notified of Resolution
  - Close Time
  - Closed By
  - Category

**First Name**  **Last Name**

**CSAT Role** -- Select CSAT Role --

**Title**

**CSAT Registration ID**

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**Email Address**

**Office Phone**  **Mobile Phone**

**Fax**

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**Address**

**City**

**State** -- Select Name --

**Zip**

**Country** -- Select Name --

**Best Contact Method** -- Select Best Contact Method --

Trouble Ticket

Method of Receipt Phone Call

Problem Description

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Level 1 Assignment  
Potential FAQ Category -- Select Potential FAQ Category --

Status

Resolution Response (e-mailed to contact at resolution)

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Resolution Action (internal use only)

Resolution Time 04/10/2007 09:22 AM

Resolved By

Requester Notified of Resolution?  Yes  No

Close Time 04/10/2007 09:22 AM

Closed By

Category

Exit Apply Changes