Homeland Security

DEPARTMENT OF HOMELAND SECURITY

OMB No. 1670-NEW
Expiration Date: XX/XX/XX

REPORT OF POTENTIAL RELEASE OF CHEMICAL-TERRORISM VULNERABILITY INFORMATION (CVI)

Contact Information for Individual Submitting Report:

1a) Are you a CVI Authorized User? ☐ Yes ☐ No	1b) If yes, provide CVI Authorization Number: CVI -
2) Name: (Last, First, MI)	3) Phone Number:
4a) Chemical Security Assessment Tool (CSAT) Facility ID #	4b) Facility Name:

Potential CVI Violation

5) Please Check One:

☐ A person without a need to know requested CVI

☐ CVI has been released to persons without a need to know

☐ Materials containing CVI were lost

☐ Materials containing CVI were compromised

☐ Materials containing CVI were suspected of compromise

☐ Unauthorized disclosure of materials containing CVI

☐ Other: _____

6) Date of Event:	
7) Description of Incident	
8) Other Relevant Facts:	
9) Mitigation:	

My statements in this submission are true, complete, and correct to the best of my knowledge an belief and are made in good faith. I understand that a knowing and wilful false statement on this form can be published by fine or imprisonment or both (see section 1001 of title 18, United States Code).

Signature: _____ Date: _____

For questions and assistance, please call the CFATS Helpdesk at 1-866-323-2957
Monday - Friday 7:00a.m. - 7:00p.m., Eastern Time
Not open on federal holidays

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REPORT OF POTENTIAL RELEASE OF CVI
INSTRUCTIONS

(Read the following instructions carefully before you complete this form.)

(Please complete all items on the form.)

GENERAL: This form should be used to report a potential release of CVI.

1. Indicate your CVI number on the form. If you do not know your CVI Authorized User ID number, please contact the help desk for assistance.
2. Please provide your full name .
3. Please provide a phone number where you can be reached at. When providing your phone number, only input numeral digits into the given space.
4. Please provide the the name of your facility or the facility who's CVI was shared and the CSAT facility's ID number. If you do not know the CSAT facility ID number, please contact the help desk.
5. Indicate by checking the box that best describes the potential violation. If it is not listed, check the "other" box and describe in the space given.
6. Please provide the date of the potential violation. Choose the date by clicking on the calendar.
7. Please provide a detailed description of the potential violation (i.e., who was involved, what happened, other witnesses of the incident, where it took place, and etc.)
8. Please describe any other relevant facts about the potential violation.
9. Please describe what had been done to respond and minimize the potential impact of the potential violation.

WHEN TO FILE: In accordance to Section 550 of P.L. 109-295, the implementing regulations 6 CFR Part 27

WHERE TO FILE: This form can be submitted to DHS via mail at Mail Stop 8100, Department of Homeland Security, Washington, DC 20528-8100. Keep a copy of the completed form for your records.

PRIVACY ACT STATEMENT

1. **FORM/TITLE:** Department of Homeland Security (DHS) DHS Form 9027, Reporting of Potential Release of CVI with the Department of Homeland Security.
2. **AUTHORITY:** Section 550 (c) of Public Law 109-295 entitled, Making Appropriations of the Department of Homeland Security for the Fiscal Year Ending September 30, 2007, and for other purposes (October 4, 2006), directs DHS to protect from public disclosure "information developed under [Section 550], including vulnerability assessments... and other security related information records and documents..." As required by Section 550, DHS Promulgated CFATS as an interim final rule in April 2007. See 6 CFR Part 27; 72 Fed. Reg. 17688
3. **BURDEN STATEMENT:** The public reporting burden for this form is estimated to be 15 minutes. The burden estimate includes time for reviewing instructions, researching the situation, gathering and maintaining the needed data, and completing and submitting the form. You may send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to:

   NPPD / IP / Infrastructure Security Compliance Division
   Attention: CFATS Project Manager
   U.S. Department of Homeland Security
   Mail Stop 8100
   Washington, DC 20528-8100

PAPERWORK REDUCTION ACT STATEMENT

In accordance with the Paperwork Reduction Act, no one is required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB Control Number for this information collection is 1670-NEW. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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