NASA Information and Privacy Threshold Analysis (IPTA) Analysis Worksheet

Section 1 - System Identification

a. System Name:
(generally the name that the system is accessed by. www.nasa.gov, when Web enabled, for example)

Dropping in a Microgravity Experiment (DIME)

b. System Owner/Information Owner:
Person responsible for funding

NANCY RABEL. HALL
Phone Number:216.433.5643
E-Mail:nancy.r.hall@nasa.gov

c. System Manager:
Person responsible for technical operation

Tim Reckart
Phone Number: 216-433-8147
E-Mail: timothy.a.reckart@nasa.gov

d. Person preparing IPTA/PIA:

Nancy R. Hall
Phone Number: 216-433-5643
E-Mail: nancy.r.hall@nasa.gov

e. System Description:

This is a drop tower competition where students propose experiments to drop in GRC's 2.2 second drop tower.

f. Mission Program/Project Supported:

Education Flight Projects

g. System Security Plan Number:

OA-022-M-GRC-2202

h. System Location:
(Center or contractor office building, room, city and state)

Center:GRC
Street Address:21000 Brookpark Rd
Building:77
City:Cleveland
State:OH
ZIP:44135

i. Status of the System:

Operational

* As used in this document "System" means an organized collection of information which may encompass IT hardware systems, applications, and databases. "System" may be an infrastructure, one or more applications, one or more databases, an electronic information collection, or any combination thereof.

	Response	Comments
Section 2 - Privacy Impact Assessment Initial Screening Must be completed for all systems.		
a. Is this a new system or has any of the major changes listed in the Comments column occurred to the system since the conduct of the last IPTA/PIA?	◯ New System/Project ◉ Previously not assessed ◯ Re-evaluation ◯ Major Change	If Major Change selected, choose one of the following ☐ Conversions ☐ Anonymous to Non-Anonymous ☐ Significant System Management Changes ☐ Significant Merging ☐ New Public Access ☐ Commercial Sources ☐ Internal Flow or Collection ☐ New Interagency Use ☐ Alteration in Character of Data ☐ Other (Describe):
b. Does this system/project relate solely to an infrastructure?	◯ Yes ◉ No	If yes, how many applications currently reside on infrastructure?

	Response	Comments
c. Does/Will the system contain (store) information in identifiable form (IIF) within any database(s), record(s), file(s) or Web site(s) hosted by this system? If yes, check all that apply in the Comments column. If the category of personal information is not listed, please check Other and identify the category.	⦿ Yes ◯ No	☐ Name ☐ Date of birth ☐ Social Security Number (or other number originated by a government that specifically identifies an individual) ☒ Photographic identifiers (e.g., photograph image, x-rays, and video) ☐ Driver license ☐ Biometric identifiers (e.g., fingerprint and voiceprint) ☐ Mother maiden name ☐ Vehicle identifiers (e.g., license plates) ☐ Mailing address ☐ Phone numbers (e.g., phone, fax, and cell) ☐ Medical records numbers ☐ Medical notes ☐ Financial account information and/or numbers (e.g., checking account number and Personal Identification Numbers [PIN]) ☐ Certificates (e.g., birth, death, and marriage) ☐ Legal documents or notes (e.g., divorce decree, criminal records, or other) ☐ Device identifiers (e.g., pacemaker, hearing aid, or other) ☐ Web Uniform Resource Locators (URL) ☐ E-mail address ☐ Education records ☐ Military status and/or records ☐ Employment status and/or records ☐ Foreign activities and/or interests ☐ Other (Describe):

	Response	**Comments**
d. Indicate all the categories of individuals about whom IIF is or will be collected.	○ NA	Categories of individuals: ☒ Government Employees ☒ NASA Contractors ☒ Members of the public (excluding contractors and partners) ☒ Business Partners/Contacts, Grantees (including, but not limited to federal, state, local agencies) ☐ Contractors/Vendors/Suppliers ☐ Other:
e. Are/Will Records on 10 or more members of the public containing IIF [be] collected, maintained (stored), or disseminated by this system?	○ Yes ◉ No ○ NA	
Section 3 - Records Management Assessment		
a. Does/Will the system contain Federal records?	○ Yes ◉ No	
b. If the system contains/will contain Federal records, which disposition authority applies?	○ NRRS ○ GRS ○ Unknown or not currently scheduled ◉ NA	Retention Schedule:
c. Are the records in this system (or will they be) generated in the process of NASA program/project formulation, design, development, or operation as described in NPR 7120?	○ Yes ○ No ◉ NA	
d. Are the records Vital records for the organization?	○ Yes ○ No ◉ NA	
Section 4 - Paperwork Reduction Act Assessment		
a. Does/will the system collect information in a standard way (forms, web enabled forms, surveys, questionnaires, etc) from members of the public (including contractors), regardless of format (paper, electronic or oral)?	○ Yes ◉ No	If yes, indicate format of collection: ☐ Paper ☐ Electronic ☐ Oral

	Response	Comments
b. Is the information collection indicated above authorized by an OMB Approval Number under the Paperwork Reduction Act (PRA)? If yes, please provide PRA Approval Number under Comments.	◯ Yes ◉ No ◯ NA	☐ PRA OMB Approval Number: ☐ Applied for ☐ Unknown/Other
Section 5 - Privacy Act Requirements Assessment		
a. Are records (or will records) on individuals be routinely retrieved from the system by using name or a unique identifier?	◯ Yes ◉ No	If yes, indicate data elements used to retrieve record: ☐ Name ☐ Date of birth ☐ Social Security Number (or other number originated by a government that specifically identifies an individual) ☐ Photographic identifiers (e.g., photograph image, x-rays, and video) ☐ Driver license ☐ Biometric identifiers (e.g., fingerprint and voiceprint) ☐ Mother maiden name ☐ Vehicle identifiers (e.g., license plates) ☐ Mailing address ☐ Phone numbers (e.g., phone, fax, and cell) ☐ Medical records numbers ☐ Medical notes ☐ Financial account information and/or numbers (e.g., checking account number and Personal Identification Numbers [PIN]) ☐ Certificates (e.g., birth, death, and marriage) ☐ Legal documents or notes (e.g., divorce decree, criminal records, or other) ☐ Device identifiers (e.g., pacemaker, hearing aid, or other) ☐ Web Uniform Resource Locators (URL) ☐ E-mail address ☐ Education records ☐ Military status and/or records ☐ Employment status and/or records ☐ Foreign activities and/or interests ☐ Other (Describe):

	Response	Comments
b. Has a Privacy Act System of Records Notice (SORN) been published in the Federal Register for this system? If no, choose the reason of why not or specify other reason in the Comments column.	○ Yes ○ No ◉ NA	☐ IIF is in the system, but records are not retrieved by individual identifier. ☐ Should have published an SORN, but was unaware of the requirement. ☐ System is required to have an SORN but is not yet procured or operational. ☐ Other (Describe):
c. If a SORN has been published, have major changes to the system occurred since publication of the SORN?	○ Yes ○ No ◉ NA	

Concur: Concur:

Concurrence Credentials on File   Concurrence Credentials on File

NANCY RABEL. HALL   SHIRLEY A. ANDERSON
System Owner   Center Privacy Manager

Date: 11/09/2010   Date: 11/09/2010

Document History

Date	Action	Message
11/09/10	Final approval by:SHIRLEY ANDERSON	I concur
11/09/10	Submitted to Center Privacy Manager by:NANCY HALL	I concur
11/09/10	Submitted to Application Owner by:SHIRLEY ANDERSON	Nancy - I've made some changes to the IPTA. Please take a look and approve. Thanks
09/08/10	Rolled back to:SHIRLEY ANDERSON	Back to me for changes to IPTA
09/02/10	Submitted to Center Privacy Manager by:NANCY HALL	Shirley - please review and let me know what additional info is needed. I know some info is blank and needs input.
09/02/10	Submitted to Application Owner by:NANCY HALL	Shirley - please review and let me know what additional info is needed. I know some info is blank and needs input.