

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?	<input type="radio"/> New System/Project <input checked="" type="radio"/> Previously not assessed <input type="radio"/> Re-evaluation <input type="radio"/> Major Change	If Major Change selected, choose one of the following <input type="checkbox"/> Conversions <input type="checkbox"/> Anonymous to Non-Anonymous <input type="checkbox"/> Significant System Management Changes <input type="checkbox"/> Significant Merging <input type="checkbox"/> New Public Access <input type="checkbox"/> Commercial Sources <input type="checkbox"/> Internal Flow or Collection <input type="checkbox"/> New Interagency Use <input type="checkbox"/> Alteration in Character of Data <input type="checkbox"/> Other (Describe):
b. Does this system/project relate solely to an infrastructure?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, how many applications currently reside on infrastructure?

	Response	Comments
<p>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.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p><input type="checkbox"/> Name</p> <p><input type="checkbox"/> Date of birth</p> <p><input type="checkbox"/> Social Security Number (or other number originated by a government that specifically identifies an individual)</p> <p><input checked="" type="checkbox"/> Photographic identifiers (e.g., photograph image, x-rays, and video)</p> <p><input type="checkbox"/> Driver license</p> <p><input type="checkbox"/> Biometric identifiers (e.g., fingerprint and voiceprint)</p> <p><input type="checkbox"/> Mother maiden name</p> <p><input type="checkbox"/> Vehicle identifiers (e.g., license plates)</p> <p><input type="checkbox"/> Mailing address</p> <p><input type="checkbox"/> Phone numbers (e.g., phone, fax, and cell)</p> <p><input type="checkbox"/> Medical records numbers</p> <p><input type="checkbox"/> Medical notes</p> <p><input type="checkbox"/> Financial account information and/or numbers (e.g., checking account number and Personal Identification Numbers [PIN])</p> <p><input type="checkbox"/> Certificates (e.g., birth, death, and marriage)</p> <p><input type="checkbox"/> Legal documents or notes (e.g., divorce decree, criminal records, or other)</p> <p><input type="checkbox"/> Device identifiers (e.g., pacemaker, hearing aid, or other)</p> <p><input type="checkbox"/> Web Uniform Resource Locators (URL)</p> <p><input type="checkbox"/> E-mail address</p> <p><input type="checkbox"/> Education records</p> <p><input type="checkbox"/> Military status and/or records</p> <p><input type="checkbox"/> Employment status and/or records</p> <p><input type="checkbox"/> Foreign activities and/or interests</p> <p><input type="checkbox"/> Other (Describe):</p>

	Response	Comments
d. Indicate all the categories of individuals about whom IIF is or will be collected.	<input type="radio"/> NA	Categories of individuals: <input checked="" type="checkbox"/> Government Employees <input checked="" type="checkbox"/> NASA Contractors <input checked="" type="checkbox"/> Members of the public (excluding contractors and partners) <input checked="" type="checkbox"/> Business Partners/Contacts, Grantees (including, but not limited to federal, state, local agencies) <input type="checkbox"/> Contractors/Vendors/Suppliers <input type="checkbox"/> Other:
e. Are/Will Records on 10 or more members of the public containing IIF [be] collected, maintained (stored), or disseminated by this system?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA	
Section 3 - Records Management Assessment		
a. Does/Will the system contain Federal records?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
b. If the system contains/will contain Federal records, which disposition authority applies?	<input type="radio"/> NRRS <input type="radio"/> GRS <input type="radio"/> Unknown or not currently scheduled <input checked="" type="radio"/> 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?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA	
d. Are the records Vital records for the organization?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> 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)?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, indicate format of collection: <input type="checkbox"/> Paper <input type="checkbox"/> Electronic <input type="checkbox"/> 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.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA	<input type="checkbox"/> PRA OMB Approval Number: <input type="checkbox"/> Applied for <input type="checkbox"/> 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<p>If yes, indicate data elements used to retrieve record:</p> <input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> Social Security Number (or other number originated by a government that specifically identifies an individual) <input type="checkbox"/> Photographic identifiers (e.g., photograph image, x-rays, and video) <input type="checkbox"/> Driver license <input type="checkbox"/> Biometric identifiers (e.g., fingerprint and voiceprint) <input type="checkbox"/> Mother maiden name <input type="checkbox"/> Vehicle identifiers (e.g., license plates) <input type="checkbox"/> Mailing address <input type="checkbox"/> Phone numbers (e.g., phone, fax, and cell) <input type="checkbox"/> Medical records numbers <input type="checkbox"/> Medical notes <input type="checkbox"/> Financial account information and/or numbers (e.g., checking account number and Personal Identification Numbers [PIN]) <input type="checkbox"/> Certificates (e.g., birth, death, and marriage) <input type="checkbox"/> Legal documents or notes (e.g., divorce decree, criminal records, or other) <input type="checkbox"/> Device identifiers (e.g., pacemaker, hearing aid, or other) <input type="checkbox"/> Web Uniform Resource Locators (URL) <input type="checkbox"/> E-mail address <input type="checkbox"/> Education records <input type="checkbox"/> Military status and/or records <input type="checkbox"/> Employment status and/or records <input type="checkbox"/> Foreign activities and/or interests <input type="checkbox"/> 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.	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA	<input type="checkbox"/> IIF is in the system, but records are not retrieved by individual identifier. <input type="checkbox"/> Should have published an SORN, but was unaware of the requirement. <input type="checkbox"/> System is required to have an SORN but is not yet procured or operational. <input type="checkbox"/> Other (Describe):
c. If a SORN has been published, have major changes to the system occurred since publication of the SORN?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA	

Concur:

Concur:

Concurrence Credentials on File

Concurrence Credentials on File

NANCY RABEL. HALL
System Owner

SHIRLEY A. ANDERSON
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.