



REGIONAL EQUIPMENT & CAPABILITIES EXCHANGE QUESTIONNAIRE

PRIVACY ACT NOTICE

Authority:

Title XIX of the Homeland Security Act of 2002, Section 1902(a)(2), codified at 6 U.S.C. 592(a)(2).

Purpose:

The U.S. Department of Homeland Security (DHS), Domestic Nuclear Detection Office (DNDO) has responsibility to “enhance and coordinate the nuclear detection efforts of federal, state, local, and tribal governments and the private sector to ensure a managed, coordinated response.” The Regional Equipment and Capabilities Exchange (RECE) seeks to collect and warehouse relevant data for federal, state, tribal, territorial, and local (FSTTL) authorities to minimize gaps and unintended overlaps in roles and responsibilities for radiological or nuclear (R/N) detection capabilities. RECE is collecting contact information in order to distribute it to necessary points of contact (POCs), and to perform various administrative tasks. DHS will use this information to provide authorized individuals access to or interaction with the Joint Analysis Center Collaborative Information System (JACCIS).

Routine Uses:

In general, DHS will use this information to distribute contact information to relevant POCs, provide authorized individuals access to JACCIS, and perform various administrative tasks. DHS may share this information on a case-by-case basis as required by law, or necessary for a specific purpose as described in the DHS/ALL-002 Department of Homeland Security General Mailing Lists and Other Lists System of Records Notice (73 FR 71659), which is available online at www.dhs.gov/privacy.

Disclosure:

Furnishing this information is voluntary; however, failure to furnish the requested information may prevent a user from contributing radiological or nuclear detection information to RECE. This could cause a hindrance when attempting to allocate resources during a global nuclear detection architecture related threat incident.

PAPERWORK REDUCTION ACT

The public reporting burden to complete this information collection is estimated at 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and the completing and reviewing the collected information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number and expiration date. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to DHS DNDO Joint Analysis Center, DNDO.JAC2@HQ.DHS.GOV, 1-877-363-6522, ATTN: PRA [1601-NEW].

RECE QUESTIONNAIRE DIRECTIVES

Purpose:

This document provides guidance for providing information related to the Global Nuclear Detection Architecture (GNDA), to support the Regional Equipment & Capabilities Exchange (RECE). The purpose of the RECE is to collect and warehouse relevant data for federal, state, tribal, territorial, and local (FSTTL) authorities to minimize gaps and unintended overlaps in roles and responsibilities for radiological or nuclear (R/N) detection capabilities. The RECE aims to aid in enhancing the effective sharing and employment of nuclear detection related information. The primary purpose of the subsequent form is to collect data on current stakeholder inventories and resources to streamline access to a real-time depiction of R/N Detection (RND) capabilities.

DNDO recognizes the important role that state, territorial, tribal and local governments play in the prevention and protection of its residents, visitors, economy, infrastructure, and natural resources against terrorism and the threat posed by unauthorized R/N materials. As such, DNDO is interested in assisting stakeholders in the development of state-/territory-wide Radiological Nuclear Detection (RND) programs. Such programs would support the State's/Territory's Homeland Security Strategy by helping to prevent and protect against R/N threats, while also supporting the overarching national RND strategy to enhance the Global Nuclear Detection Architecture (GNDA) and detect, disrupt, and prevent terrorists from accomplishing their goals.

In support of our nation's joint mission and goals, DHS and DNDO offer federally funded RND program development, planning, operations support, information/intelligence sharing, RND equipment surge capabilities, workshops and training, and exercises. This data collection initiative and assessment will assist us all in determining gaps in the GNDA and the RND program needs of our state, territorial, tribal and local partners in homeland security. Data collected will be available via the Joint Analysis Center Collaborative Information System ([JACCIS](#)). For more information on submitting your form through JACCIS or to request an account application contact DNDO.JAC2@HQ.DHS.GOV.

Guidance:

Subsequent pages provide a fillable form focusing on the specific information sought. Please describe your respective radiological or nuclear detection program plans, assets, and status of equipment.

Please add any new programs, or projects, to reflect the most up-to-date information. Please include any and all available information requested within the form, and fill out all relevant form fields. Lastly, please use only official business contact information and do not use personally identifiable information in the free-text boxes or otherwise in this form.

QUESTIONNAIRE DEFINITIONS

*The following list of definitions pertains to terms and references within the context of the subsequent form under the **Jurisdictional-Level R/N Capabilities Gap Determination** section.*

Technical Reachback (TRB) capability: An essential component of the USG's nuclear and radiological alarm adjudication and resolution process. TRB provides 24/7 technical capability to facilitate radiation detection alarm resolution and provide detailed analysis of data from the deployed architecture.

*The following list of definitions pertains to terms and references within the context of the subsequent form under the **Equipment Inventory** section.*

Asset Type: Select from the drop-down list the applicable R/N detection device or system: Alarming Personal Radiation Detectors (PRDs), Backpack Style Radiation Portal Monitor (RPM), Survey meters, Communications Device, Portable Radiation Scanner, Radioisotope Identification Device (RIIDs), Spectroscopic Personal Radiation Detectors (PRDs), Spectroscopic Radiation Portal Monitors (RPM). Note: this does not include any consequence management equipment.

Mobility: Identify whether or not a R/N detection device is capable of being moved, relocated or if it is considered a fixed site (yes/no).

Location: Depending on the mobility of the device, the location can reference a street address for the POC or responsible party for the device, or if possible provide a geographic coordinate, such as the latitude and longitude.

Equipment: If available, provide additional information related to the R/N detection equipment referenced in this row, examples include but are not limited to: Manufacturer/Model/Serial Number.

*The following list of definition pertains to terms and references within the context of the subsequent form under the **Training & Exercises** section.*

Hours: Provide total number of hours related to training or exercises referenced in this row.

Type: Select a category of training or exercise from the list. Provided categories include: formal, informal, on-the-job training (OJT).

Participants: Provide list of participants as applicable to training or exercise described in this row.

Location: Depending on the mobility of the device the location can reference a street address for the POC or responsible party for the device, or if possible provide a geographic coordinate, such as the latitude and longitude.

Summary: Brief description of training or exercise, to include but not limited to details of R/N detection operational training, drills, workshops and exercises. Please highlight any R/N detection specific certifications or qualifying courses resulting from the specified event or activity.

QUESTIONNAIRE DEFINITIONS CONTINUED

*The following list of definitions pertains to terms and references within the context of the subsequent form under the **Mutual Aid Agreements & Memorandums of Understanding** section.*

Mutual Aid Agreement (MAA): A written agreement between agencies or jurisdictions in which they agree to assist each other on request by furnishing personnel and equipment.

Memorandum of Understanding (MOU): A document describing a bilateral or multilateral agreement between two or more parties. It expresses a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where parties either do not imply a legal commitment or in situations where the parties cannot create a legally enforceable agreement.

Support Type: Briefly identify the type of MAA or MOU, please distinguish if the R/N detection relevance is combined into multiple or as a part of a more general MAA/MOU or separately identified within a R/N detection specific MAA or MOU.

Participants: Describe or list participants of the MAA or MOU referenced in this row.

Summary: Briefly describe the scope or pertinent details of the MAA or MOU. Please feel free to forward or attach separately a copy of the MAA or MOU to DNDO.JAC2@HQ.DHS.GOV.

Point of Contact:

DHS DNDO Joint Analysis Center (JAC)

JAC Information Line: 866-789-8304

DNDO.JAC2@HQ.DHS.GOV

Name of Reporting Official: _____ Organization of Reporting Official: _____

Name of organization this questionnaire is being completed for, if not the same as above: _____

Date completed: _____

Jurisdictional - Level R/N Capabilities Gap Determination

Please identify what kind of access you have to R/N detection resources, if any.

1. Do you have access to local technical expertise/reach-back capability?

- None MOU MAA In-House Other Don't know

Details: _____

2. Do you have access to intelligence pertaining to regional and international info regarding RN security ?

- Yes No

3. How rapidly can you deploy secondary screening capabilities?

- 1+ hour 50 min 40 min 30 min 20 min 10 min N/A D/K

4. How rapidly can you transmit relevant data after the arrival of secondary screening capabilities?

- 1+ hour 50 min 40 min 30 min 20 min 10 min N/A D/K

5. How rapidly can you receive a response from technical reach-back assets after transmission of relevant data?

- 1+ hour 50 min 40 min 30 min 20 min 10 min N/A D/K

Equipment Inventory

Please specify R/N detection equipment type, quantity, mobility, location and provide manufacturer, model, and serial number as equipment specifics if possible. Incomplete information is acceptable, and equipment specifics are welcomed.

Asset Type	Quantity	Mobility	Location	Equipment Specifics
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of Reporting Official: _____ Organization of Reporting Official: _____

Name of organization this questionnaire is being completed for, if not the same as above: _____

Date completed: _____

Equipment Inventory (Continued)

Please specify R/N detection equipment type, quantity, mobility, location and provide manufacturer, model, and serial number as equipment specifics if possible. Incomplete information is acceptable, and equipment specifics are welcomed.

Asset Type	Quantity	Mobility	Location	Equipment Specifics
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of Reporting Official: _____ Organization of Reporting Official: _____

Name of organization this questionnaire is being completed for, if not the same as above: _____

Date completed: _____

Training & Exercises

Please complete the fields below related to R/N detection training and exercise participants

Date	Hours	Type	Participants	Location	Summary

Name of Reporting Official: _____ Organization of Reporting Official: _____

Name of organization this questionnaire is being completed for, if not the same as above: _____

Date completed: _____

Mutual Aid Agreements & Memorandums of Understanding

Please specify the number of jurisdictions you have official or unofficial R/N detection or response related Mutual Aid Agreements (MAA) and/or Memorandums of Understanding (MOU).

Number	Support Type	Participants	Summary

Name of Reporting Official: _____ Organization of Reporting Official: _____

Name of organization this questionnaire is being completed for, if not the same as above: _____

Date completed: _____

Point of Contact & Managers

Please specify R/N detection or response points of contact, and their official business contact information, including PRND Managers and/or Team Leads.

Name of Contact	Position Title	Location	Phone Number	Email

Name of Reporting Official: _____ Organization of Reporting Official: _____

Name of organization this questionnaire is being completed for, if not the same as above: _____

Date completed: _____

Additional Comments

Please provide suggestions to improve this form and use this section to include items not previously mentioned due to space restrictions above. Please use only official business contact information and do *not* use personally identifiable information in the free-text boxes or otherwise in this form.

Thank you for taking the time to complete this form. Information collected is for official use only and will not be distributed without consent. If experiencing an error in submitting the form electronically through Adobe Submit Form, please save the completed form as a PDF, attach to an email and forward to DNDO.JAC2@HQ.DHS.GOV