

# COMPLIANCE ASSISTANCE INSTRUMENT



Homeland  
Security



## 1. 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 Office of Management and Budget (OMB) Control Number. The valid OMB Control Number for this information collection is 1670-0014. The time required to complete this information collection is estimated to average 0.08 hours 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.

## 2. PRIVACY NOTICE

**Authority:** 6 U.S.C. §§ 623 621-29 (Protecting and Securing Chemical Facilities from Terrorist Attacks Act of 2014) and the Chemical Facility Anti-Terrorism Standards, 6 C.F.R. Part 27 authorize the collection of this information.

**Purpose:** The primary purpose of this collection is to obtain information regarding a facility's request, including the submitter's contact information.

**Routine Uses:** This information will be used by and disclosed to Department of Homeland Security (DHS) personnel, contractors, or other agents to assist a chemical facility of interest's written request to initiate consultations or seek technical assistance from the Department. This information may also be required in order to contact the facility, if necessary.

**Disclosure:** Providing this information is voluntary. However, failure to provide any of the information requested may result in DHS not being able to contact respondents regarding their Compliance Assistance submission.

## 3. BASIC REPORTING FIELDS

The following basic reporting fields are required by the Compliance Assistance instrument:

- Is the Submitter a CVI Authorized User (Yes/No).
- If yes, CVI Authorization Number of Submitter.
- Name of the Submitter/ Point of contact (Last, First, MI).
- Preferred Method of Contact (e.g. phone number, e-mail address).
- CSAT Facility ID #.
- Facility/Company Name.
- Facility's Address (Street, City, State, Zip Code).
- Date Submitted.

## 4. COMPLIANCE ASSISTANCE



In this section, the instrument will allow a chemical facility of interest to submit a written request to initiate consultations or seek technical assistance from the Department. This instrument may be used by a facility to request such consultation and/or technical assistance from DHS. If requested, the Department may provide assistance with submission of a Top-Screen, Security Vulnerability Assessment, or Site Security Plan/Alternate Security Program; assist a facility with registration; or answer additional questions, as necessary; allow an inspector to visit a potentially non-compliant facility; verify material modifications during the redetermination process; or follow-up on security issues or results of a recent incident. This instrument requires that the facility specify a reason for the request and their desired outcome, as follows:

- The facility provides the name and CVI Authorization number(s) of the individual(s) planning to attend the compliance consultation.
- The facility provides a reason, for their request, based on selection of one or more of the following options:
  1. The facility requests a compliance assistance regarding the modification of the facility.
  2. The facility requests a compliance assistance regarding the modification of the facility's processes.
  3. The facility requests a compliance assistance regarding the modification of the types of materials that the facility possesses.
  4. The facility requests a compliance assistance regarding the modification of the quantities of materials that the facility possesses.
  5. Other (Narrative).

In addition, the facility will provide information for the following fields:

- Explanation for Request (narrative).
- Proposed date and time for the Compliance Assistance.
- Specific CFATS-related issue(s) of particular interest to the facility.
- Identify the facility's preferred location for the CA and specify whether or not this is a CA to be held at the headquarters of a corporation with multiple CFATS-covered facilities.
- Desired Outcome for Request (narrative).