**REQUEST FOR REDETERMINATION INSTRUMENT**



# 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 0.25 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.

# PRIVACY NOTICE

**Authority:** 6 U.S.C. § 623 (Protecting and Securing Chemical Facilities from Terrorist Attacks Act of 2014) and the Chemical Facility Anti-Terrorism Standards, 6 C.F.R. Part 27authorize 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 DHS personnel, contractors, or other agents to assist in fulfilling the request and contacting the submitter, if necessary.

**Disclosure:** Providing this information is voluntary. If you choose not to provide this

information, then DHS may not be able to fulfill the request or contact you.

# BASIC REPORTING FIELDS

The following basic reporting fields are required by the Request for Redetermination instrument:

* Name of the Submitter: (Last, First, MI).
* Phone Number of the Submitter.
* Facility Name
* CSAT Facility ID #.
* Facility's Address (Street, City, State, Zip).
* Date Submitted.

# REQUEST FOR REDETERMINATION

In this section, the instrument will collect the following information when the facility requests a redetermination of its’ CFATS tiering level. A CFATS covered chemical facility that has been previously determined to present a high level of security risk and that has materially altered its operations may seek a redetermination from the Department by completing this instrument. In many instances, a request for redetermination may be submitted by a facility concurrent with its submission of a material modification Top-Screen pursuant to 6 CFR § 27.210(d). Whether or not a material modification Top-Screen is submitted, this instrument also provides a facility with the opportunity to provide an explanation supporting why the Department should grant the redetermination request. This instrument allows the covered facility to notify the Department of a reduced quantity of chemical(s) of interest (COI) or to notify of the removal of a chemical(s) of interest. The instrument will collect the supporting information needed to verify the reason for the request for redetermination. The types of information collected supporting a redetermination are as follows:

* Due to material modification either to operations or site, which has a reduction in the quantity of one or more of the COI(s) since the previous submission.
* Due to material modification either to operations or site, which has eliminated of at least one COI, but not all of the COI(s) since the previous submission.
* Due to material modification either to operations or site, which has eliminated all COI(s) since the previous submission.
* Due to material modification either to operations or site, which has eliminated all COI(s) and the facility has closed.
* Other (The facility will provide a narrative).

Regardless of the reason selected for the redetermination request, the facility must also provide a narrative/associated documentation, as applicable, for the following fields:

* Reason for request.
* Removal and/or reduction of COI quantity and/or concentration.
* Vendor of chemicals.
* Receipt/receiving Location of COI(s) locations.
* Process changes (e.g. a description of the removal of the COI(s), receiving

 location of removed COI(s), description and documentation for permanent

 change of process, description of management controls of planned future

 inventory of COI(s), etc.).

* Description of closure, sale, and/or end of lease.
* Invoices/bills of laden/inventory control forms.
* MSDS/SDS and other product labels.
* Substitute chemical and/or process being used.
* Description of management controls for future quantities of COI(s).

Finally, the facility must provide the name and address of the vendor (Name, Street, City, Zip, and Country).