

# Privacy Impact Assessment Form

v 1.21

Status  Form Number  Form Date

Question

Answer

1 OPDIV:

CDC

2 PIA Unique Identifier:

TBD

2a Name:

Anthropometric Information on Law Enforcement Officers

3 The subject of this PIA is which of the following?

- General Support System (GSS)  
 Major Application  
 Minor Application (stand-alone)  
 Minor Application (child)  
 Electronic Information Collection  
 Unknown

3a Identify the Enterprise Performance Lifecycle Phase of the system.

Implementation

3b Is this a FISMA-Reportable system?

- Yes  
 No

4 Does the system include a Website or online application available to and for the use of the general public?

- Yes  
 No

5 Identify the operator.

- Agency  
 Contractor

6 Point of Contact (POC):

POC Title   
 POC Name   
 POC Organization   
 POC Email   
 POC Phone

7 Is this a new or existing system?

- New  
 Existing

8 Does the system have Security Authorization (SA)?

- Yes  
 No

8b Planned Date of Security Authorization

 Not Applicable

8c	Briefly explain why security authorization is not required	Not needed, OMB.
10	Describe in further detail any changes to the system that have occurred since the last PIA.	This is a new request.
11	Describe the purpose of the system.	The purpose of this project is to establish an up-to-date reference database of anthropometric information about law enforcement officers (LEOs) in the United States. The information will be used to redesign LEO cruiser cabs and personal protective gear (such as body armors).
12	Describe the type of information the system will collect, maintain (store), or share. (Subsequent questions will identify if this information is PII and ask about the specific data elements.)	Two parts of personal information will be collected for the study. The first part is biographical information. The biographical information includes sex, ethnicity, race, birth day, occupation, year of service at the current occupation, exam location, exam date, self-reported body height, and self-reported body weight (see Attachment E: Biographical Information). First and last name are also collected the second part of information is anthropometric information. In addition, participants who decide to participate in the data collection for the study will be required to sign an Informed Consent Form.

13 Provide an overview of the system and describe the information it will collect, maintain (store), or share, either permanently or temporarily.

The information is collected to determine the eligibility of individuals for the study, and to assure that the participants by racial/ethnic group, sex, regions, and age match the proposed sampling plan (see SSB: Collection of Information Employing Statistical Methods). The anthropometric information includes various body measurements (see Attachment G: Data Sheet), fit of current vehicle and protective gear (see Attachment H: Assessment of Challenges in Vehicle and with Body Armor), and scans of participants (see Attachment I: 2-dimensional hand scan and 3-dimensional body scans). The information is collected to enhance design guidelines for LEO vehicle configuration and personal protective equipment (PPE) for reducing LEO work-related fatalities and injuries. Participants do not need to reveal their names, except for signing a consent form.

All participant data and personal identifiers in the study will be managed in accordance with the Privacy Act and the NIOSH IRB informed consent procedures. All forms and computer data will be coded with a randomly assigned number to ensure privacy. The link between the identifiers (in the consent form) and the assigned random numbers will be kept in the NIOSH Anthropometry Lab (Room 1502; an access-controlled room) in a locked cabinet. The consent forms and the “key” of random number assignments will be destroyed 6 years after the study is completed. At the data collection sites, locked cabinets will be available for securing this information. Once the information is sent back to NIOSH, it will be kept in the NIOSH Anthropometry Lab (Room 1502), which will be locked and has key access only by the project officer, the anthropometry lab manager, Division of Safety Research (DSR) management, and NIOSH security personnel.

The results of the study in a summary format will be disseminated to police vehicle manufacturers, manufacturers of law enforcement officer (LEO) safety equipment, and state police organizations. Additional dissemination of results will be reported in peer-reviewed journals and other transportation safety forums. All data shared will have no identifier (i.e., no name, birth date, or identifiable face characters).

14 Does the system collect, maintain, use or share PII?  Yes  No

<p>15 Indicate the type of PII that the system will collect or maintain.</p>	<table border="0"> <tr> <td><input type="checkbox"/> Social Security Number</td> <td><input checked="" type="checkbox"/> Date of Birth</td> </tr> <tr> <td><input checked="" type="checkbox"/> Name</td> <td><input checked="" type="checkbox"/> Photographic Identifiers</td> </tr> <tr> <td><input type="checkbox"/> Driver's License Number</td> <td><input checked="" type="checkbox"/> Biometric Identifiers</td> </tr> <tr> <td><input type="checkbox"/> Mother's Maiden Name</td> <td><input type="checkbox"/> Vehicle Identifiers</td> </tr> <tr> <td><input type="checkbox"/> E-Mail Address</td> <td><input type="checkbox"/> Mailing Address</td> </tr> <tr> <td><input type="checkbox"/> Phone Numbers</td> <td><input type="checkbox"/> Medical Records Number</td> </tr> <tr> <td><input type="checkbox"/> Medical Notes</td> <td><input type="checkbox"/> Financial Account Info</td> </tr> <tr> <td><input type="checkbox"/> Certificates</td> <td><input type="checkbox"/> Legal Documents</td> </tr> <tr> <td><input type="checkbox"/> Education Records</td> <td><input type="checkbox"/> Device Identifiers</td> </tr> <tr> <td><input type="checkbox"/> Military Status</td> <td><input checked="" type="checkbox"/> Employment Status</td> </tr> <tr> <td><input type="checkbox"/> Foreign Activities</td> <td><input type="checkbox"/> Passport Number</td> </tr> <tr> <td><input type="checkbox"/> Taxpayer ID</td> <td><input type="text"/></td> </tr> <tr> <td><input type="text" value="sex, ethnicity, race, exam location, exam date"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text" value="fit of current vehicle and protective gear"/></td> <td><input type="text"/></td> </tr> </table>	<input type="checkbox"/> Social Security Number	<input checked="" type="checkbox"/> Date of Birth	<input checked="" type="checkbox"/> Name	<input checked="" type="checkbox"/> Photographic Identifiers	<input type="checkbox"/> Driver's License Number	<input checked="" type="checkbox"/> Biometric Identifiers	<input type="checkbox"/> Mother's Maiden Name	<input type="checkbox"/> Vehicle Identifiers	<input type="checkbox"/> E-Mail Address	<input type="checkbox"/> Mailing Address	<input type="checkbox"/> Phone Numbers	<input type="checkbox"/> Medical Records Number	<input type="checkbox"/> Medical Notes	<input type="checkbox"/> Financial Account Info	<input type="checkbox"/> Certificates	<input type="checkbox"/> Legal Documents	<input type="checkbox"/> Education Records	<input type="checkbox"/> Device Identifiers	<input type="checkbox"/> Military Status	<input checked="" type="checkbox"/> Employment Status	<input type="checkbox"/> Foreign Activities	<input type="checkbox"/> Passport Number	<input type="checkbox"/> Taxpayer ID	<input type="text"/>	<input type="text" value="sex, ethnicity, race, exam location, exam date"/>	<input type="text"/>	<input type="text" value="fit of current vehicle and protective gear"/>	<input type="text"/>
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<p>16 Indicate the categories of individuals about whom PII is collected, maintained or shared.</p>	<table border="0"> <tr> <td><input type="checkbox"/> Employees</td> </tr> <tr> <td><input checked="" type="checkbox"/> Public Citizens</td> </tr> <tr> <td><input type="checkbox"/> Business Partners/Contacts (Federal, state, local agencies)</td> </tr> <tr> <td><input type="checkbox"/> Vendors/Suppliers/Contractors</td> </tr> <tr> <td><input type="checkbox"/> Patients</td> </tr> <tr> <td>Other <input type="text" value="Law Enforcement Officers"/></td> </tr> </table>	<input type="checkbox"/> Employees	<input checked="" type="checkbox"/> Public Citizens	<input type="checkbox"/> Business Partners/Contacts (Federal, state, local agencies)	<input type="checkbox"/> Vendors/Suppliers/Contractors	<input type="checkbox"/> Patients	Other <input type="text" value="Law Enforcement Officers"/>																						
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<p>17 How many individuals' PII is in the system?</p>	<input type="text" value="500-4,999"/>																												
<p>18 For what primary purpose is the PII used?</p>	<input type="text" value="Subject's name is collected on the consent form by their signature and is only used for that purpose. Subject's sex, ethnicity, race, birth day, occupation, year of service at the current occupation, and exam location, are collected to ensure the data sampling is representative of the law enforcement officer population."/>																												
<p>19 Describe the secondary uses for which the PII will be used (e.g. testing, training or research)</p>	<input type="text" value="Exam date, self-reported body height, and self-reported body weight, various body measurements, fit of current vehicle and protective gear, 2-dimensional hand scans, and 3-dimensional body scans are collected for research to enhance design guidelines for LEO vehicle configuration and personal protective equipment (PPE) for reducing LEO work-related fatalities and injuries."/>																												
<p>20 Describe the function of the SSN.</p>	<input type="text" value="Not Used"/>																												
<p>20a Cite the <b>legal authority</b> to use the SSN.</p>	<input type="text" value="SSN Not Used"/>																												

21 Identify **legal authorities** governing information use and disclosure specific to the system and program.

The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), an agency of the Department of Health and Human Services, is authorized to collect this information, under provisions of the Public Service Act, Section 301 (42 U.S.C. 241); Occupational Safety and Health Act, Section 20 (29 U.S.C. 669); and the Federal Mine Safety and Health Act of 1977, Section 501 (30 U.S.C. 95)."

22 Are records on the system retrieved by one or more PII data elements?  Yes  No

22a Identify the number and title of the Privacy Act System of Records Notice (SORN) that is being used to cover the system or identify if a SORN is being developed.

Published:

Published:

Published:

In Progress

23 Identify the sources of PII in the system.

Directly from an individual about whom the information pertains

- In-Person
- Hard Copy: Mail/Fax
- Email
- Online
- Other

Government Sources

- Within the OPDIV
- Other HHS OPDIV
- State/Local/Tribal
- Foreign
- Other Federal Entities
- Other

Non-Government Sources

- Members of the Public
- Commercial Data Broker
- Public Media/Internet
- Private Sector
- Other

23a Identify the OMB information collection approval number and expiration date.

24 Is the PII shared with other organizations?  Yes  No

24a	Identify with whom the PII is shared or disclosed and for what purpose.	<input type="checkbox"/> Within HHS <input type="checkbox"/> Other Federal Agency/Agencies <input type="checkbox"/> State or Local Agency/Agencies <input type="checkbox"/> Private Sector
24b	Describe any agreements in place that authorizes the information sharing or disclosure (e.g. Computer Matching Agreement, Memorandum of Understanding (MOU), or Information Sharing Agreement (ISA)).	
24c	Describe the procedures for accounting for disclosures	

25 Describe the process in place to notify individuals that their personal information will be collected. If no prior notice is given, explain the reason.

Participants who decide to participate in the data collection for the study will be required to sign an Informed Consent Form. Participants do not need to reveal their names, except for signing the consent form. Two parts of personal information will be collected for the study. The first part is biographical information (sex, ethnicity, race, birth day, occupation, year of service at the current occupation, exam location, exam date, self-reported body height, and self-reported body weight; see Attachment E: Biographical Information). The information is collected to determine the eligibility of individuals for the study, and to assure that the participants by racial/ethnic group, sex, regions, and age match the proposed sampling plan; see SSB: Collection of Information Employing Statistical Methods). The second part of information is anthropometric information (various body measurements - see Attachment G: Data Sheet; fit of current vehicle and protective gear - see Attachment H: Assessment of Challenges in Vehicle and with Body Armor; and scans of participants - see Attachment I: 2-dimensional hand scan and 3-dimensional body scans). The information is collected to enhance design guidelines for LEO vehicle configuration and personal protective equipment (PPE) for reducing LEO work-related fatalities and injuries.

NIOSH is authorized to collect your personal information and will protect it to the extent allowed by law. There are conditions under the Privacy Act where your information may be released to collaborators or contractors, health departments or disease registries, to the Departments of Justice or Labor, or to Congressional offices.

The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), an agency of the Department of Health and Human Services, is authorized to collect this information, under provisions of the Public Service Act, Section 301 (42 U.S.C. 241); Occupational Safety and Health Act, Section 20 (29 U.S.C. 669); and the Federal Mine Safety and Health Act of 1977, Section 501 (30 U.S.C. 95)."

System of Records Notice (SORN) Name and Number: Anthropometric Information on Law Enforcement Officers, SORN 09-20-0159; Federal Register Citation: Volume 82, Page 14000, 03/16/2017.

26 Is the submission of PII by individuals voluntary or mandatory?

- Voluntary
- Mandatory

<p>27 Describe the method for individuals to opt-out of the collection or use of their PII. If there is no option to object to the information collection, provide a reason.</p>	<p>NIOSH IRB approved consent form states, "Your participation is voluntary and you may withdraw your consent and your participation in this study at any time without penalty or loss of benefits to which you are otherwise entitled.</p> <p>You must be at least 18 years of age and be an employed police officer. Women who are pregnant and therefore not actively patrolling will be excluded as their body dimension measurements at this stage would not reflect their non-pregnancy condition. Please let us know if you are in this status."</p>	
<p>28 Describe the process to notify and obtain consent from the individuals whose PII is in the system when major changes occur to the system (e.g., disclosure and/or data uses have changed since the notice at the time of original collection). Alternatively, describe why they cannot be notified or have their consent obtained.</p>	<p>The data is collected in person; no contact information of individual is available. Major changes to the data system is unlikely.</p>	
<p>29 Describe the process in place to resolve an individual's concerns when they believe their PII has been inappropriately obtained, used, or disclosed, or that the PII is inaccurate. If no process exists, explain why not.</p>	<p>The overall results of the study will be documented in a journal article or a NIOSH research report. No individual results or facial identifications of individuals will be published. For questions about the research study, contact the principal investigator, Dr. Hongwei Hsiao at hxh4@cdc.gov or 304-285- 5910. For questions about your rights, your privacy, or harm to you, contact the Institutional Research Board Chair at kto0@cdc.gov, or 513-533-8591.</p>	
<p>30 Describe the process in place for periodic reviews of PII contained in the system to ensure the data's integrity, availability, accuracy and relevancy. If no processes are in place, explain why not.</p>	<p>Anthropometric data entry and editing software that identifies possible erroneous values will be used while the survey participant is present, so remeasures can be taken if necessary. It is a two-step editing process. In the first step an entered value is immediately checked against population minima and maxima. This identifies typing errors, such as too many or too few digits. It can also flag a dimension that was measured out of sequence. In the second step, the measured values are checked against regression-predicted values for that particular participant. It is a finer check, and can identify errors such as reversed digits.</p>	
<p>31 Identify who will have access to the PII in the system and the reason why they require access.</p>	<p><input type="checkbox"/> Users</p> <p><input type="checkbox"/> Administrators</p> <p><input type="checkbox"/> Developers</p> <p><input type="checkbox"/> Contractors</p> <p><input checked="" type="checkbox"/> Others</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Project officer and anthropometry lab manager are the only ones with the</p>
<p>32 Describe the procedures in place to determine which system users (administrators, developers, contractors, etc.) may access PII.</p>	<p>Project officer and anthropometry lab manager are the only ones with the random subject number assignments to the PII.</p>	



<p>33 Describe the methods in place to allow those with access to PII to only access the minimum amount of information necessary to perform their job.</p>	<p>All forms and computer data will be coded with a randomly assigned number to ensure privacy. The link between the identifiers (in the consent form) and the assigned random numbers will be kept in the NIOSH Anthropometry Lab (Room 1502; an access-controlled room) in a locked cabinet. The consent forms and the “key” of random number assignments will be destroyed 6 years after the study is completed. The link will not be stored electronically with other data, so to allow those with access to PII to only access the minimum amount of information necessary to perform their job.</p>
<p>34 Identify training and awareness provided to personnel (system owners, managers, operators, contractors and/or program managers) using the system to make them aware of their responsibilities for protecting the information being collected and maintained.</p>	<p>Project officer and anthropometry lab manager are the only ones with the random subject number assignments to the PII. Both of them have had training on human participant safety and privacy training certificates from the NIOSH Institute Review Board.</p>
<p>35 Describe training system users receive (above and beyond general security and privacy awareness training).</p>	<p>Human participant safety and privacy training by the NIOSH Institute Review Board. CDC SEV # 5300 and #8906.</p>
<p>36 Do contracts include Federal Acquisition Regulation and other appropriate clauses ensuring adherence to privacy provisions and practices?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>37 Describe the process and guidelines in place with regard to the retention and destruction of PII. Cite specific records retention schedules.</p>	<p>All forms and computer data will be coded with a randomly assigned number to ensure privacy. The link between the identifiers (in the consent form) and the assigned random numbers will be kept in the NIOSH Anthropometry Lab (Room 1502; an access-controlled room) in a locked cabinet. The consent forms and the “key” of random number assignments will be destroyed 6 years after the study is completed.</p>
<p>38 Describe, briefly but with specificity, how the PII will be secured in the system using administrative, technical, and physical controls.</p>	<p>At the data collection sites, locked cabinets will be available for securing this information. Once the information is sent back to NIOSH, it will be kept in the NIOSH Anthropometry Lab (Room 1502), which will be locked and has key access only by the project officer, the anthropometry lab manager, Division of Safety Research (DSR) management, and NIOSH security personnel. The project officer and the anthropometry lab manager will be the only persons with access to the random subject number assignments that link to the consent form. They will be responsible for the secured transfer of custody of the data to a different project officer in the event of a change in job assignment.</p>

**REVIEWER QUESTIONS:** The following section contains Reviewer Questions which are not to be filled out unless the user is an OPDIV Senior Officer for Privacy.

Reviewer Questions	Answer
<p>1 Are the questions on the PIA answered correctly, accurately, and completely?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

Reviewer Notes

Reviewer Questions		Answer
2	Does the PIA appropriately communicate the purpose of PII in the system and is the purpose justified by appropriate legal authorities?	<input type="radio"/> Yes <input type="radio"/> No
Reviewer Notes	<input type="text"/>	
3	Do system owners demonstrate appropriate understanding of the impact of the PII in the system and provide sufficient oversight to employees and contractors?	<input type="radio"/> Yes <input type="radio"/> No
Reviewer Notes	<input type="text"/>	
4	Does the PIA appropriately describe the PII quality and integrity of the data?	<input type="radio"/> Yes <input type="radio"/> No
Reviewer Notes	<input type="text"/>	
5	Is this a candidate for PII minimization?	<input type="radio"/> Yes <input type="radio"/> No
Reviewer Notes	<input type="text"/>	
6	Does the PIA accurately identify data retention procedures and records retention schedules?	<input type="radio"/> Yes <input type="radio"/> No
Reviewer Notes	<input type="text"/>	
7	Are the individuals whose PII is in the system provided appropriate participation?	<input type="radio"/> Yes <input type="radio"/> No
Reviewer Notes	<input type="text"/>	
8	Does the PIA raise any concerns about the security of the PII?	<input type="radio"/> Yes <input type="radio"/> No
Reviewer Notes	<input type="text"/>	
9	Is applicability of the Privacy Act captured correctly and is a SORN published or does it need to be?	<input type="radio"/> Yes <input type="radio"/> No
Reviewer Notes	<input type="text"/>	
10	Is the PII appropriately limited for use internally and with third parties?	<input type="radio"/> Yes <input type="radio"/> No
Reviewer Notes	<input type="text"/>	
11	Does the PIA demonstrate compliance with all Web privacy requirements?	<input type="radio"/> Yes <input type="radio"/> No
Reviewer Notes	<input type="text"/>	
12	Were any changes made to the system because of the completion of this PIA?	<input type="radio"/> Yes <input type="radio"/> No

Reviewer Questions		Answer	
<i>Reviewer Notes</i>	<input type="text"/>		
General Comments	<input type="text"/>		
OPDIV Senior Official for Privacy Signature	<input type="text"/>	HHS Senior Agency Official for Privacy	<input type="text"/>