



PRIVACY THRESHOLD ANALYSIS (PTA)

This form serves as the official determination by the DHS Privacy Office to identify the privacy compliance requirements for all Departmental uses of personally identifiable information (PII).

A Privacy Threshold Analysis (PTA) serves as the document used to identify information technology (IT) systems, information collections/forms, technologies, rulemakings, programs, information sharing arrangements, or pilot projects that involve PII and other activities that otherwise impact the privacy of individuals as determined by the Chief Privacy Officer, pursuant to Section 222 of the Homeland Security Act, and to assess whether there is a need for additional Privacy Compliance Documentation. A PTA includes a general description of the IT system, information collection, form, technology, rulemaking, program, pilot project, information sharing arrangement, or other Department activity and describes what PII is collected (and from whom) and how that information is used and managed.

Please complete the attached Privacy Threshold Analysis and submit it to your component Privacy Office. After review by your component Privacy Officer the PTA is sent to the Department's Senior Director for Privacy Compliance for action. If you do not have a component Privacy Office, please send the PTA to the DHS Privacy Office:

Senior Director, Privacy Compliance
The Privacy Office
U.S. Department of Homeland Security
Washington, DC 20528
Tel: 202-343-1717

PIA@hq.dhs.gov

Upon receipt from your component Privacy Office, the DHS Privacy Office will review this form and assess whether any privacy compliance documentation is required. If compliance documentation is required – such as Privacy Impact Assessment (PIA), System of Records Notice (SORN), Privacy Act Statement, or Computer Matching Agreement (CMA) – the DHS Privacy Office or component Privacy Office will send you a copy of the relevant compliance template to complete and return.



Privacy Threshold Analysis (PTA)

Specialized Template for Information Collections (IC) and Forms

The Forms-PTA is a specialized template for Information Collections and Forms. This specialized PTA must accompany all Information Collections submitted as part of the Paperwork Reduction Act process (any instrument for collection (form, survey, questionnaire, etc.) from ten or more members of the public). Components may use this PTA to assess internal, component-specific forms as well.

Form Number:	CG 4917		
Form Title:	Defect/Noncompliance Report		
Component:	U.S. Coast Guard (USCG)	Office:	CG-BSX-23

IF COVERED BY THE PAPERWORK REDUCTION ACT:

Collection Title:	U.S. Coast Guard safety standards and regulations under the authority of 46 U.S.C. Chapter 43		
OMB Control Number:	1625-0010	OMB Expiration Date:	April 30, 2019
Collection status:	Extension	Date of last PTA (if applicable):	N/A

PROJECT OR PROGRAM MANAGER

Name:	Mr. Kerry L. Freese		
Office:	CG-BSX-23	Title:	Tech. Writer / Editor
Phone:	202-372-1072	Email:	Kerry.l.freese@uscg.mil

COMPONENT INFORMATION COLLECTION/FORMS CONTACT

Name:	Mr. Anthony Smith		
Office:	CG-462	Title:	PRA Coordinator
Phone:	202-475-3532	Email:	Anthony.d.smith@uscg.mil



SPECIFIC IC/Forms PTA QUESTIONS

1. Purpose of the Information Collection or Form

According to 46 U.S.C. 4310(d) and (e) and 33 CFR 179.13(a)(2) the manufacturer shall provide the Commandant of the Coast Guard with an initial report consisting of certain information about the defect notification and recall campaign being conducted. Upon receipt of information from a manufacturer indicating the initiation of a recall, the Recreational Boating Product Assurance Branch assigns a recall campaign number, and sends the manufacturer a CG-4917 form for supplying the information. The CG-4917 form describes:

- (1) the manufacturer's reason for conducting defect notification,
- (2) the units affected by the defect or failure to comply,
- (3) the degree of danger to the public with continued use of the affected product,
- (4) the extent of the problem, and
- (5) what corrective action the manufacturer plans to take.

The authorities for this collection are 46 U.S.C. 4310; 46 CFR 160.076); 46 U.S.C. 4310(d) and (e) and 33 CFR 179.13(a)(2).

2. Describe the IC/Form

a. Does this form collect any Personally Identifiable Information” (PII ¹)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. From which type(s) of individuals does this form collect information? (Check all that apply.)	<input checked="" type="checkbox"/> Members of the public <input checked="" type="checkbox"/> U.S. citizens or lawful permanent residents <input type="checkbox"/> Non-U.S. Persons. <input type="checkbox"/> DHS Employees <input type="checkbox"/> DHS Contractors <input type="checkbox"/> Other federal employees or contractors.
c. Who will complete and submit this form? (Check all that apply.)	<input type="checkbox"/> The record subject of the form (e.g., the individual applicant).

¹ Personally identifiable information means any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.



	<input type="checkbox"/> Legal Representative (preparer, attorney, etc.). <input checked="" type="checkbox"/> Business entity. If a business entity, is the only information collected business contact information? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Law enforcement. <input type="checkbox"/> DHS employee or contractor. <input type="checkbox"/> Other individual/entity/organization that is NOT the record subject. <i>Please describe.</i> Click here to enter text.														
<p>d. How do individuals complete the form? <i>Check all that apply.</i></p>	<input checked="" type="checkbox"/> Paper. <input checked="" type="checkbox"/> Electronic. (ex: fillable PDF) <input type="checkbox"/> Online web form. (available and submitted via the internet) <i>Provide link:</i>														
<p>e. What information will DHS collect on the form? Business name, business address, business point of contact, business phone number – if required, component manufacturer’s business name and address.</p>															
<p>f. Does this form collect Social Security number (SSN) or other element that is stand-alone Sensitive Personally Identifiable Information (SPII)? No</p>															
<table border="0"> <tr> <td><input type="checkbox"/> Social Security number</td> <td><input type="checkbox"/> DHS Electronic Data Interchange Personal Identifier (EDIPI)</td> </tr> <tr> <td><input type="checkbox"/> Alien Number (A-Number)</td> <td><input type="checkbox"/> Social Media Handle/ID</td> </tr> <tr> <td><input type="checkbox"/> Tax Identification Number</td> <td><input type="checkbox"/> Known Traveler Number</td> </tr> <tr> <td><input type="checkbox"/> Visa Number</td> <td><input type="checkbox"/> Trusted Traveler Number (Global Entry, Pre-Check, etc.)</td> </tr> <tr> <td><input type="checkbox"/> Passport Number</td> <td><input type="checkbox"/> Driver’s License Number</td> </tr> <tr> <td><input type="checkbox"/> Bank Account, Credit Card, or other financial account number</td> <td><input type="checkbox"/> Biometrics</td> </tr> <tr> <td><input type="checkbox"/> Other. <i>Please list:</i></td> <td></td> </tr> </table>		<input type="checkbox"/> Social Security number	<input type="checkbox"/> DHS Electronic Data Interchange Personal Identifier (EDIPI)	<input type="checkbox"/> Alien Number (A-Number)	<input type="checkbox"/> Social Media Handle/ID	<input type="checkbox"/> Tax Identification Number	<input type="checkbox"/> Known Traveler Number	<input type="checkbox"/> Visa Number	<input type="checkbox"/> Trusted Traveler Number (Global Entry, Pre-Check, etc.)	<input type="checkbox"/> Passport Number	<input type="checkbox"/> Driver’s License Number	<input type="checkbox"/> Bank Account, Credit Card, or other financial account number	<input type="checkbox"/> Biometrics	<input type="checkbox"/> Other. <i>Please list:</i>	
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<input type="checkbox"/> Other. <i>Please list:</i>															



g. List the specific authority to collect SSN or these other SPII elements.	
N/A	
h. How will this information be used? What is the purpose of the collection? Describe why this collection of SPII is the minimum amount of information necessary to accomplish the purpose of the program.	
N/A	
i. Are individuals provided notice at the time of collection by DHS (<i>Does the records subject have notice of the collection or is form filled out by third party</i>)?	<input checked="" type="checkbox"/> Yes. Please describe how notice is provided. The Privacy Act statement is on the form. <input type="checkbox"/> No.

3. How will DHS store the IC/form responses?	
a. How will DHS store the original, completed IC/forms?	<input type="checkbox"/> Paper. Please describe. Click here to enter text. <input checked="" type="checkbox"/> Electronic. Please describe the IT system that will store the data from the form. All forms are stored on the Coast Guard server which holds the Recreational Boating Production Assurance Branch (CG-BSX-23) digital folder. <input checked="" type="checkbox"/> Scanned forms (completed forms are scanned into an electronic repository). Please describe the electronic repository. Paper forms that are received are scanned and stored on the Coast Guard server which holds the CG-BSX-23 digital folder.
b. If electronic, how does DHS input the responses into the IT system?	<input checked="" type="checkbox"/> Manually (data elements manually entered). Please describe. The forms are manually stored in a folder on a USCG server. <input type="checkbox"/> Automatically. Please describe. Click here to enter text.



<p>c. How would a user search the information submitted on the forms, <i>i.e.</i>, how is the information retrieved?</p>	<p><input type="checkbox"/> By a unique identifier.² <i>Please describe.</i> If information is retrieved by personal identifier, please submit a Privacy Act Statement with this PTA. Click here to enter text.</p> <p><input checked="" type="checkbox"/> By a non-personal identifier. Each campaign is identified by a campaign number issued upon initiation of a recall campaign <i>i.e.</i>, XXX 16R5721S. Information is retrieved by the campaign number.</p>
<p>d. What is the records retention schedule(s)? <i>Include the records schedule number.</i></p>	<p>These forms are retained for life and are kept for case management and historic purposes. N1-026-05-005.</p>
<p>e. How do you ensure that records are disposed of or deleted in accordance with the retention schedule?</p>	<p>Forms are not disposed or deleted, they are maintained as historic files. Files are transferred to Federal Records Center after 3 years and to the National Archives and Records Administration when 20 years old.</p>
<p>f. Is any of this information shared outside of the original program/office?</p>	
<p><input type="checkbox"/> Yes, information is shared with other DHS components or offices. Please describe. Click here to enter text.</p> <p><input type="checkbox"/> Yes, information is shared <i>external</i> to DHS with other federal agencies, state/local partners, international partners, or non-governmental entities. Please describe. Click here to enter text.</p> <p><input checked="" type="checkbox"/> No. Information on this form is not shared outside of the collecting office.</p>	

² Generally, a unique identifier is considered any type of “personally identifiable information,” meaning any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.



**Homeland
Security**

Privacy Office
U.S. Department of Homeland Security
Washington, DC 20528
202-343-1717, pia@hq.dhs.gov
www.dhs.gov/privacy



Please include a copy of the referenced form and Privacy Act Statement (if applicable) with this PTA upon submission.



PRIVACY THRESHOLD REVIEW

(TO BE COMPLETED BY COMPONENT PRIVACY OFFICE)

Component Privacy Office Reviewer:	Robert Herrick
Date submitted to component Privacy Office:	June 19, 2018
Date submitted to DHS Privacy Office:	August 30, 2018
Have you approved a Privacy Act Statement for this form? <i>(Only applicable if you have received a waiver from the DHS Chief Privacy Officer to approve component Privacy Act Statements.)</i>	<input checked="" type="checkbox"/> Yes. Please include it with this PTA submission. <input type="checkbox"/> No. Please describe why not. Click here to enter text.
Component Privacy Office Recommendation:	
<p>According to 46 U.S.C. 4310(d) and (e) and 33 CFR 179.13(a)(2) the manufacturer shall provide the Commandant of the Coast Guard with an initial report consisting of certain information about the defect notification and recall campaign being conducted. The CG-4917 form describes: (1) the manufacturer's reason for conducting defect notification, (2) the units affected by the defect or failure to comply, (3) the degree of danger to the public with continued use of the affected product, (4) the extent of the problem, and (5) what corrective action the manufacturer plans to take.</p> <p>The form collects the following information: business name, business address, business point of contact, business phone number – if required, component manufacturer’s business name and address.</p> <p>DHS/USCG/PIA-008 Marine Information for Safety and Law Enforcement (MISLE) and DHS/USCG-013 Marine Information for Safety and Law Enforcement (MISLE) provide coverage for this form.</p>	



PRIVACY THRESHOLD ADJUDICATION

(TO BE COMPLETED BY THE DHS PRIVACY OFFICE)

DHS Privacy Office Reviewer:	Riley Dean
PCTS Workflow Number:	Click here to enter text.
Date approved by DHS Privacy Office:	August 31, 2018
PTA Expiration Date	August 31, 2021

DESIGNATION

Privacy Sensitive IC or Form:	Yes If “no” PTA adjudication is complete.
Determination:	<input type="checkbox"/> PTA sufficient at this time. <input type="checkbox"/> Privacy compliance documentation determination in progress. <input type="checkbox"/> New information sharing arrangement is required. <input type="checkbox"/> DHS Policy for Computer-Readable Extracts Containing SPII applies. <input type="checkbox"/> Privacy Act Statement required. <input checked="" type="checkbox"/> Privacy Impact Assessment (PIA) required. <input type="checkbox"/> System of Records Notice (SORN) required. <input type="checkbox"/> Specialized training required. <input type="checkbox"/> Other. Click here to enter text.
DHS IC/Forms Review:	Choose an item.
Date IC/Form Approved by PRIV:	Click here to enter a date.
IC/Form PCTS Number:	Click here to enter text.
Privacy Act Statement:	e(3) statement not required. Because information is not retrieved by personal identifier, a Privacy Act Statement nor SORN coverage are required.
PTA:	Choose an item.



	Click here to enter text.
PIA:	System covered by existing PIA If covered by existing PIA, please list: DHS/USCG/PIA-008 Marine Information for Safety and Law Enforcement (MISLE) If a PIA update is required, please list: Click here to enter text.
SORN:	Choose an item. If covered by existing SORN, please list: Click here to enter text. If a SORN update is required, please list: Click here to enter text.
DHS Privacy Office Comments: <i>Please describe rationale for privacy compliance determination above.</i>	
<p>USCG is submitting this PTA to discuss the Defect/Noncompliance Report, Form CG 4917, which is associated with the U.S. Coast Guard safety standards and regulations under the authority of 46 U.S.C. 43 and OMB Control Number 1625-0010. The Recreational Boating Product Assurance Branch (BSX 23) in the Office of Boating Safety develops and enforces compliance with Coast Guard safety standards and regulations. Compliance enforcement includes monitoring defect notification and recall campaigns which boat and engine manufacturers conduct for failures to comply with applicable Coast Guard safety standards or regulations, and for defects which in the words of the Federal statutes, "create a substantial risk of personal injury to the public."</p> <p>The manufacturer provides USCG with an initial report about the defect notification and recall campaign being conducted. Upon receipt of information from a manufacturer indicating the initiation of a recall, BSX 23 assigns a recall campaign number, and sends the manufacturer a CG 4917 form for supplying the information. The CG 4917 form describes:</p> <ol style="list-style-type: none"> (1) the manufacturer's reason for conducting defect notification, (2) the units affected by the defect or failure to comply, (3) the degree of danger to the public with continued use of the affected product, (4) the extent of the problem, and (5) what corrective action the manufacturer plans to take. <p>The form is then completed by the manufacturer. The form is then submitted to USCG. All forms are stored digitally by BSX 23.</p> <p>The DHS Privacy Office finds that this form is privacy-sensitive, requiring PIA coverage.</p>	



PIA coverage is provided by DHS/USCG/PIA-008 MISLE, which outlines the risks of capturing information required to support the Coast Guard's marine safety, security, environmental protection and law enforcement programs. SORN coverage is not technically required as the information is collected and therefore not retrieved by a unique identifier. However, DHS/USCG-013 MISLE does provide notice of this type of information collection. Additionally, a Privacy Act Statement is not required.