



United States Environmental Protection Agency
Washington, DC 20460

TSCA CBI Access Request, Agreement, and Approval

Section I. – Access Request

1. Name (Last, First, MI)		2. Telephone Number	
3. Requestor (Agency/Region/Office/Division/Branch)	4. Document Control Officer (DCO)	5. DCO Telephone Number	
6. TSCA Sections for which access is required. Check all that apply. Use blank space to request other sections not listed.			
ALL <input type="checkbox"/> - OR- 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 21 <input type="checkbox"/> _____ NONE <input type="checkbox"/> <input type="checkbox"/> Only access to Secure Storage Areas (SSAs). _____			
7. Justification for TSCA CBI access. Select appropriate code from instructions on reverse side. (Check one for all that apply). A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>			

Section II. – Contract Information - Contractor Employees Only

8. Employer's Name	9a. Employer's Address	9b. City	9c. State	9d. Zip code
10. Contract Number	11. EPA Contracting Officer's Representative (COR)	12. EPA COR Telephone		

Section III. – OPPT Secure Storage Area Access – HQ Federal and HQ Contractor Employees Only

13. Check if EPA ID Badge is required. <input type="checkbox"/> Yes (New) <input type="checkbox"/> No	14. List OPPT Restricted areas by Division to which physical access is required.		
Home Division (24-hour access)	Other Divisions (6A.M. – 6P.M. only)	Access to CBIC	CBI Computer Rooms <input type="checkbox"/> B149 <input type="checkbox"/> IMD Computer Room
15. List OPPT areas by Division and Room Number for which Alarm Activation/Deactivation Authority is requested.			

Section IV. – Virtual Desktop Infrastructure Agreement

I require access to TSCA CBI and other materials accessible via the virtual desktop to perform my assigned duties. I have read, understand the requirements, and agree to adhere to the guidelines, policies, and provisions as set forth in the rules of behavior document. My use and access of TSCA CBI and other materials via the virtual desktop will comply with all applicable policies, standards, and applicable laws as referenced in the TSCA CBI Protection Manual, and other applicable Agency rules and procedures.

User's duties require the ability to access the CBI LAN from within an SSA at the EPA. YES NO

User's duties require the ability to work remotely from an Alternate Work Site utilizing VDI remote access. YES NO

I have a job-related need for file transfer, confirmed by my supervisor, which necessitates the transfer of files and/or other data to and/or from the CBI LAN to a non-CBI environment using the virtual desktop. Any CBI files or data that are transferred from the CBI LAN to a non-CBI environment will be completely removed from the non-CBI environment once the job-related task has been accomplished.

YES NO

I understand that I will have access to certain Confidential Business Information submitted under the Toxic Substances Control Act (TSCA, 15 U.S.C 2601 et seq.). This access has been granted in accordance with my official duties relating to Environmental Protection Agency programs. I understand that my obligation to protect TSCA CBI, which has been disclosed to me as part of my official job duties, continues after either termination of my assignment or termination of my employment.

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

TSCA CBI may be used only in connection with my official duties and may not be disclosed except as authorized by TSCA and Agency regulations. I have received a copy of, and understand the procedures set forth in, the TSCA CBI Protection Manual. I agree that I will treat any TSCA CBI furnished to me as confidential and that I will follow these procedures.

I understand that under section 14(d) of TSCA (15 U.S.C. 2513(d)), I am liable for a possible fine of up to \$5,000 and/or imprisonment for up to one year if I willfully disclose TSCA CBI to any person not authorized to receive it. In addition, I understand that I may be subject to disciplinary action for violation of this agreement with penalties ranging up to and including dismissal.

16. Signature of Employee	17. Date
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Section V. – Requesting Official Approval

18. TSCA CBI Security Briefing Date	19. Name and Signature of Requesting Official. (Immediate Supervisor – EPA COR for Contractors). I certify he/she has successfully completed a TSCA CBI Briefing on the date shown.	
	Name	Signature
21. DCO Code	22. Approved HQ EPA (TSCA Security Official Signature)	20. Date
	23. Approval Date	

Paperwork Reduction Act Notice

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2070-0075). Responses to this collection of information are mandatory for certain persons, as specified at 15 U.S.C. 2613. 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. The public reporting and recordkeeping burden for this collection of information is estimated to be 1.6 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Instructions for Form Completion

<p>Section I – To be completed by all</p>	<p>Section III – To be completed by HQ Federal and HQ Contractor employees only</p>
<p>1. List Full Name. 2. List Telephone number of person in item 1. 3. List Full Acronym of Requesting Office (i.e. EPA Office in which the individual works or for contractor employees, the EPA Office with whom the contract is with). 4. List the immediate Document Control Officer for the office in which the individual works. 5. List the telephone number of the Document Control Officer. 6. Check the TSCA Sections for which access is requested or check ALL if applicable. 7. Select the appropriate Access Justification code.</p> <p>A Employee is an EPA employee or EPA contractor employee whose work assignments involve the New and/or Existing Chemical Programs of TSCA. Hence access to the TSCA sections listed in item 7 of this form is required in performance of his/her duties.</p> <p>B Employee is an EPA employee or EPA contractor employee whose work entails the administration of computer systems housing TSCA CBI. Hence access to the TSCA sections listed in item 7 of this form is required.</p> <p>C Employee is an EPA employee or EPA contractor employee whose work entails physical security or maintenance for TSCA CBI secure storage areas. Although employee will not actually work with any TSCA CBI materials, access to the TSCA sections listed in item 7 of this form is required.</p> <p>D List Justification here. _____ _____ _____</p>	<p>NOTE: <i>These procedures apply only to employees requiring access to OPPT Secure Storage areas. All others follow standard Agency procedures.</i></p> <p>13. Check either yes, or no for EPA ID badge or Contractor Building Pass. a. Yes – Check if new employee getting first EPA ID Badge. (New programmed badge and barcode). b. No - Existing badge needs programming.</p> <p>14. Check and list OPPT secured areas for which access (electronic door control system) is required. List Division acronyms for the requested areas. Home Division - List Division in which employee works. Other Divisions - List other OPPT Divisions for which unrestricted daytime access is requested. Access to CBIC- Answer yes for those who only need to access the Confidential Business Information Center. CBI Computer Rooms – IMD Areas - Only IMD staff and contractors who work in B149 and IMD computer rooms should check the box for B149 or IMD Computer Rooms. 15. List OPPT areas by Division and Room numbers for which Alarm Activation/Deactivation authority is requested. Generally, this is employees home Division only.</p>
	<p>Section IV – To be completed by all</p> <p>Check yes or no for user's duties require the ability to access the CBI LAN. Check yes or no for user's duties require the ability to work remotely from Check yes or no for job related need for file transfer.</p> <p>16. Employee signature. 17. Signature Date.</p>
<p>Section II – To be completed by Contractor Employees only</p> <p>8. List Employer's name. 9a-d. List Employers address. 10. List Contract Number. 11-12. List EPA COR Name and Telephone number.</p>	<p>Section V- To be completed by all</p> <p>18. Enter date employee attended TSCA CBI Security Briefing. 19. Immediate supervisor/EPA COR's name and sign. 20. Date of signature. 21. DCO Code. 22. Approved by HQ EPA TSCA Security. 23. Date approved.</p>