



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:

Form Title:

Component:	Federal Emergency Management Agency (FEMA)	Office: National Preparedness Directorate (NPD), Technological Hazards Division (THD), Radiological Emergency Preparedness Program (REPP), Records Management
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IF COVERED BY THE PAPERWORK REDUCTION ACT:

Collection Title:

OMB Control Number:	1660-0024	OMB Expiration Date:	Click here to enter a date.
Collection status:	Revision	Date of last PTA (if applicable):	October 22, 2021



PROJECT OR PROGRAM MANAGER

Name:	Renaë Connell		
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COMPONENT INFORMATION COLLECTION/FORMS CONTACT

Name:	Millicent Brown		
Office:	Records Management Branch	Title:	Management Analyst
Phone:	202.646.2814	Email:	Millicent.brown@fema.dhs.gov

SPECIFIC IC/Forms PTA QUESTIONS

1. Purpose of the Information Collection or Form

- a. Describe the purpose of the information collection or form. *Please provide a general description of the project and its purpose, including how it supports the DHS mission, in a way a non-technical person could understand (you may use information from the Supporting Statement).*
If this is an updated PTA, please specifically describe what changes or upgrades are triggering the update to this PTA.

There are no changes made to this collection.

FEMA's Technological Hazards Division's (THD) Radiological Emergency Preparedness (REP) Program submits this PTA for the renewal of information collection 1660-0024, which expires on 10/22/2024.

Background

FEMA's REP program coordinates the National effort to provide State, local, territorial, and tribal (SLTT) governments with relevant and executable planning, training, and exercise guidance and policies necessary to ensure that adequate capabilities exist to prevent, protect against, mitigate the effects of, respond to, and recover from incidents involving commercial nuclear power plants (NPPs). The program assists SLTT governments in the development and conduct of off-site radiological emergency planning and preparedness activities within the emergency planning zones (EPZs) of Nuclear Regulatory Commission (NRC)-licensed commercial nuclear power facilities. The REP program is a voluntary program wherein SLTT governments send letters or other official correspondence to FEMA to request assistance, which in turn prompts FEMA to send out the ICR



1660-0024 materials to facilitate additional information collection. Information that FEMA collects under this ICR will be retrieved by Headquarters or by the FEMA Region where the commercial NPP is located. Currently, only 44 CFR Part 352 has an existing OMB Collection.

To carry out REP program responsibilities mandated by 44 CFR Parts 350 – 354, FEMA is engaged in a cooperative effort with SLTT governments and other Federal agencies in the development of state and local offsite plans and preparedness to mitigate, respond and recover from radiological emergencies at commercial nuclear power facilities.

FEMA provides a guide or template for the emergency plans; however, the plans are submitted in the format of the state, local, territorial, or tribal organization's preference. Emergency plans are updated periodically as needed.

As part of the review and approval process, FEMA corresponds with SLTT points of contact, including providing an approval letter and the mitigation plan review document. The name and contact information of the points of contact are collected within the required mitigation plan documentation.

- b. List the DHS (or component) authorities to collect, store, and use this information.
If this information will be stored and used by a specific DHS component, list the component-specific authorities.

This collection is authorized 44 CFR, Parts 350, 351, and 354.

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.

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.



<p>c. Who will complete and submit this form? (<i>Check all that apply.</i>)</p>	<p><input checked="" type="checkbox"/> The record subject of the form (e.g., the individual applicant).</p> <p><input checked="" type="checkbox"/> Legal Representative (preparer, attorney, etc.).</p> <p><input type="checkbox"/> Business entity.</p> <p style="padding-left: 40px;">If a business entity, is the only information collected business contact information?</p> <p style="padding-left: 80px;"><input type="checkbox"/> Yes</p> <p style="padding-left: 80px;"><input type="checkbox"/> No</p> <p><input type="checkbox"/> Law enforcement.</p> <p><input type="checkbox"/> DHS employee or contractor.</p> <p><input type="checkbox"/> Other individual/entity/organization that is NOT the record subject. <i>Please describe.</i></p> <p>Click here to enter text.</p>				
<p>d. How do individuals complete the form? <i>Check all that apply.</i></p>	<p><input checked="" type="checkbox"/> Paper.</p> <p><input checked="" type="checkbox"/> Electronic. (ex: fillable PDF)</p> <p><input type="checkbox"/> Online web form. (available and submitted via the internet)</p> <p><i>Provide link:</i></p>				
<p>e. What information will DHS collect on the form? <i>List all PII data elements on the form. If the form will collect information from more than one type of individual, please break down list of data elements collected by type of individual.</i></p> <p>The information collected includes business points of contact from state, local, territorial, and tribal governments, such as name, business address, business address, business phone number, and business e-mail, to allow for correspondence between FEMA and state, local, territorial, and/or tribal governments submitting emergency plans.</p>					
<p>f. Does this form collect Social Security number (SSN) or other element that is stand-alone Sensitive Personally Identifiable Information (SPII)? <i>Check all that apply.</i> N/A</p> <table border="0" style="width: 100%;"><tr><td><input type="checkbox"/> Social Security number</td><td><input type="checkbox"/> DHS Electronic Data Interchange</td></tr><tr><td><input type="checkbox"/> Alien Number (A-Number)</td><td>Personal Identifier (EDIPI)</td></tr></table>		<input type="checkbox"/> Social Security number	<input type="checkbox"/> DHS Electronic Data Interchange	<input type="checkbox"/> Alien Number (A-Number)	Personal Identifier (EDIPI)
<input type="checkbox"/> Social Security number	<input type="checkbox"/> DHS Electronic Data Interchange				
<input type="checkbox"/> Alien Number (A-Number)	Personal Identifier (EDIPI)				



<input type="checkbox"/> Tax Identification Number	<input type="checkbox"/> Social Media Handle/ID
<input type="checkbox"/> Visa Number	<input type="checkbox"/> Known Traveler Number
<input type="checkbox"/> Passport Number	<input type="checkbox"/> Trusted Traveler Number (Global Entry, Pre-Check, etc.)
<input type="checkbox"/> Bank Account, Credit Card, or other financial account number	<input type="checkbox"/> Driver's License Number
<input type="checkbox"/> Other. <i>Please list:</i>	<input type="checkbox"/> Biometrics
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 type="checkbox"/> Yes. Please describe how notice is provided. Click here to enter text. <input checked="" 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. The original, completed IC/forms will be stored on shared drive and/or Preparedness Toolkit (PrepToolkit) a highly flexible framework that enables software and information integration with other FEMA and third-party information system.
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	<p><input type="checkbox"/> Scanned forms (completed forms are scanned into an electronic repository). Please describe the electronic repository. Click here to enter text.</p>
b. If electronic, how does DHS input the responses into the IT system?	<p><input checked="" type="checkbox"/> Manually (data elements manually entered). Please describe. Compiled/collected information will be manually uploaded and entered onto the NPD/FEMA/THD Shared drive.</p> <p><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><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. <i>Please describe.</i> Information is retrieved from NPD/FEMA/THD Shared drive by searching the name of the state, local, tribal, or territorial entity.</p>
d. What is the records retention schedule(s)? <i>Include the records schedule number.</i>	<p>Per NARA Authority N1-311-97-1, the records are permanent. Cutoff at end of fiscal year. Retain current fiscal year and last 4 years in the HQ office. Retire records, separated by facility, 5 years after cutoff, to the Washington National Records Center. Transfer to the National Archives 20 years after the expected date for completion of decommissioning procedures.</p>
e. How do you ensure that records are disposed of or deleted in accordance with the retention schedule?	<p>The THD staff adheres to the FEMA disposition schedule to ensure compliance with the records retention schedule, which outlines timelines, description of files for records destruction, and/or disposal of relevant documents.</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.



f. Is any of this information shared outside of the original program/office? *If yes, describe where (other offices or DHS components or external entities) and why. What are the authorities of the receiving party?*

☒ Yes, information is shared with other DHS components or offices. Please describe.

In accordance with the 44 C.F.R. § 352, Subpart B, FEMA may call upon any other federal agency to participate in planning for the use of Federal facilities and resources in the licensee offsite emergency response plan. Licensee business contact information may be shared with such agencies as needed to assist with the offsite emergency planning and preparedness activities. With respect to making Part 350 reasonable assurance determinations, FEMA may be supported by other Federal agencies, as necessary, by conducting inspections, providing staff assistance visits (SAVs), organizing, conducting and reviewing training, participating in, observing and evaluating drills and exercises, and by being an engaged partner with Federal, State, local, and Tribal government officials and industry stakeholders. State and local officials' business contact information may be shared with such agencies as needed to assist with the offsite emergency planning and preparedness activities.

☒ Yes, information is shared *external* to DHS with other federal agencies, state/local partners, international partners, or non-governmental entities. Please describe.

In accordance with the 44 C.F.R. § 350.1, FEMA establishes policy and procedures for the review and approval of state and local emergency plans and preparedness for the offsite effects of a radiological emergency which may occur at a commercial nuclear power facility. With respect to making Part 350 reasonable assurance determinations, FEMA may be supported by other Federal agencies, as necessary, by conducting inspections, providing staff assistance visits (SAVs), organizing, conducting and reviewing training, participating in, observing and evaluating drills and exercises, and by being an engaged partner with Federal, State, local, and Tribal government officials and industry stakeholders.

State and local officials' business contact information may be shared with such agencies as needed to assist with the offsite planning and preparedness activities.

☐ No. Information on this form is not shared outside of the collecting office.





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:	Tracy Kwakye
Date submitted to component Privacy Office:	August 22, 2024
Date submitted to DHS Privacy Office:	Click here to enter a date.
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 type="checkbox"/> Yes. Please include it with this PTA submission. <input checked="" type="checkbox"/> No. Please describe why not. N/A The program retrieves information by the name of the state, local, territory, or tribal entity.
Component Privacy Office Recommendation: <i>Please include recommendation below, including what existing privacy compliance documentation is available or new privacy compliance documentation is needed.</i>	
FEMA Privacy recommends the following coverage: PIA: DHS/ALL/PIA – 006 DHS General Contacts List SORN: N/A SORN coverage is unnecessary as the program retrieves information by the name of the state, local, territory, or tribal entity.	



PRIVACY THRESHOLD ADJUDICATION

(TO BE COMPLETED BY THE DHS PRIVACY OFFICE)

DHS Privacy Office Reviewer:	Ke'Angela Crawford
PCTS Workflow Number:	0017997
Date approved by DHS Privacy Office:	September 19, 2024
PTA Expiration Date	September 19, 2027

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:	Choose an item. Click here to enter text.
PTA:	Choose an item. Click here to enter text.
PIA:	System covered by existing PIA If covered by existing PIA, please list:



	<ul style="list-style-type: none">• DHS/ALL/PIA – 006 DHS General Contacts List. 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>FEMA is submitting this renewal PTA for the information collection 1660-0024, Radiological Emergency Preparedness Program (REPP), Records Management. Since the previously approved PTA, there have been no changes to the program.</p> <p>This PTA documents the provisioning of FEMA's REP program which coordinates the National effort to provide SLTT governments with relevant and executable planning, training, and exercise guidance and policies necessary to ensure that adequate capabilities exist to prevent, protect against, mitigate the effects of, respond to, and recover from incidents involving commercial nuclear power plants (NPPs).</p> <p>As part of the review and approval process, FEMA corresponds with SLTT points of contact, including providing an approval letter and the mitigation plan review document. The name and contact information of the points of contact are collected within the required mitigation plan documentation.</p> <p>The DHS Privacy Office (PRIV) finds that this information collection is privacy sensitive, requiring PIA coverage because PII is collected from members of the public. PRIV concurs with FEMA Privacy that PIA coverage is provided by DHS/ALL/PIA-006 DHS General Contact Lists, which pertains to the collection of contact information to conduct agency operations. PRIV finds that SORN coverage is not required, because data is retrieved based on the name of the state, local, territory, or tribal entity, rather than by a unique identifier.</p>	