

Required Periodic Privacy Act Program Review
Self-Assessment - Part 1

- I. What is the name of Your Privacy Act System (**system**)?
- II. Who is the **system** manager (name, title, position, email, phone #)
- III. Has the system manager done an on-site inspection to ensure that the following safeguards are in place for Privacy Act records:

- There are locked rooms and/or cabinets for paper records (check one).

YES___ NO___ N/A___

(If 'no' or 'n/a', please explain.):

- Electronic systems are password-protected (check one).

YES___ NO___ N/A___

(If 'no' or 'n/a', please explain.):

- Warning labels/notices/or stickers are posted on file cabinets containing Privacy Act material (check one).

YES___ NO___ N/A___

(If 'no' or 'n/a', please explain.):

- There are appropriate warning notices for electronic Privacy Act systems - at the point of access (check one).

YES___ NO___ N/A___

(If 'no' or 'n/a', please explain.):

- **Records are maintained on requests to access individual Privacy Act records (check one).**

YES___ NO___ N/A___

(If 'no' or 'n/a', please explain.):

- **Records are maintained on requests by and individual to amend his/her Privacy Act record (check one).**

YES___ NO___ N/A___

(If 'no' or 'n/a', please explain.):

- **Records are maintained on disclosure of an individual Privacy Act record (check one).**

YES___ NO___ N/A___

(If 'no' or 'n/a', please explain.):

IV. *Approximately*, how many employees work with this **system** or have access to it?

V. **Have they taken the training at the bureau's Privacy Act website (<http://www.fws.gov/pdm/privacy.html>)?**

YES___ NO___ N/A___

(If 'no' or 'n/a', please explain or indicate other training taken):

VI. **Do any contractors work with your **system**?**

YES___ NO___

VII. If your system is (a) operated by contractors, (b) has been designed by contractors, or (c) involves contracts where personal privacy information is kept:

- **Do you have appropriate Privacy Act clauses inserted into the contract?**

YES___ NO___ N/A___

(If 'no' or 'n/a', please explain.):

- **Have you advised contractors of their responsibilities under the Privacy Act for the records they maintain or update?**

YES___ NO___ N/A___

(If 'no' or 'n/a' please explain.):

- **Have you advised contractors of their responsibilities related to system administration – if they are administering the system?**

YES___ NO___ N/A___

(If 'no' or 'n/a', please explain.):

VIII. Has a random sample of contracts been reviewed for any systems that are maintained or administered by contractors in order to ensure that there is wording within the contract that makes the provisions of the Privacy Act known to (and binding on) the contractors?

YES___ NO___ N/A___

(If 'no' or 'n/a', please explain.):

IX. Does everyone who works with the **system** have a copy of the Privacy Act ‘system notice’ (Federal Register Notice) that is associated with your Privacy Act system? See (<http://www.fws.gov/pdm/privacy.html>) for a copy of your notice.

YES___ NO___

(If ‘no’, please explain.):

X. Is yours a new **system** as of the current fiscal year?

YES___ NO___

XI. Has your **system** been altered/modified in this fiscal year?

YES___ NO___

XII. If your **system** was changed in the current fiscal year, what changes did you make?

XIII. During the current fiscal year did you add/are you collecting records on a new category of individuals not previously included in the **system**? If so, who/what category of individual did you add?

YES___ NO___

(If ‘yes’, please explain.):

XIV. During the current fiscal year, did you expand the number of ‘routine uses’ for which you use or ‘routinely’ release records in your **system** (For example a routine use is identified in your system notice as to whom and in what situations you normally release records on individuals). The section is identified as ‘Routine Uses’. If so, what additional routine uses did you add?

YES___ NO___

(If ‘yes’, please explain.):

XV. During the current fiscal year, did you add any fields of information to those your system already collects or stores? If so, what are they?

YES___ NO___

(If 'yes', please explain.):

XVI. During the current fiscal year, did you alter the purpose for which your system collects information? In other words, are you collecting information for an additional or different reason than what it was originally established for? If so, what is the new purpose?

YES___ NO___

(If 'yes', please explain.):

XVII. Are the routine uses that you currently have for your system (see your Federal Register notice) still what you need for that system or are there routine uses that should be added or deleted?

YES___ NO___ (need other routine uses)

(If 'no', please explain.):

XVIII. Some systems are exempt from parts of the Privacy Act (hint: if yours is exempt, it will be identified as such at the end of the system notice). Did you add or increase any exemptions to your system during this fiscal year?

YES___ NO___ N/A___

(If 'yes' or 'n/a', please explain.):

XIX. Are the current exemptions identified for your **system** (if you have any) still needed?

YES___ NO___ N/A___

(If 'no' or 'n/a', please explain.):

XX. Did you change the format of your **system**? (i.e., from paper to electronic, or, if it is electronic, has the **system** been modified to accept other modules or configurations that might affect the security or access of the Privacy Act records?)

YES___ NO___ N/A___

(If 'no' or 'n/a', please explain.):

XXI. If your **system** is new or was substantially altered (*means you added a 'category' of individuals, added a field of information, changed the 'routine uses', changed the purpose for which you collect the information, or changed the exemptions for the system*) within the current fiscal year, have you completed a Privacy Impact Assessment (PIA) for it?

YES___ NO___ N/A___

(If 'no' or 'n/a', please explain.):

XXII. When two or more electronic Privacy Act systems (**systems**) share personal information this is called 'computer matching' (Example: matching information in order to find 'deadbeat dads'). Has your **system** been involved in any computer matching activities during the current fiscal year?

YES___ NO___ N/A___

(If 'yes' or 'n/a', please explain.):

XXIII. Are you aware of any Privacy Act violation (inappropriate release of info, inappropriate use of info, inappropriate access to info, inadequate security for the system, unapproved modification to the system) within the current fiscal year related to the system you keep?

YES___ NO___ N/A___

(If 'yes' or 'n/a' – please explain.):

XXIV. What was the nature of that/those violations? (please explain in moderate detail – do not use names or other identifying info. Use 'n/a' if you are not aware of any violation.)

XXV. Have they been corrected?

YES___ NO___ N/A___

(Please explain in moderate detail if 'yes' or 'no' – but do not use personally identifying information. Use 'n/a' if you are not aware of any violation.)

XXVI. Are you aware of the recordkeeping requirements for your **system?**

YES___ NO___ N/A___

(If 'no' or 'n/a', please explain.):



Part 2: Safeguarding Personal Privacy

Bureau Security Officer: - 703/358-1905

FWS Privacy Act Officer: - 703/358-2504

1. If you have an electronic Privacy system:

a. Is your system included in the Bureau IT Security plan? Yes No N/A

If **No** - date when it will be included in the plan: _____

b. Do the IT Security business rules address the specific handling and disclosure and "need to know" access restrictions identified in the Federal Register Notice for this system? (Check with the Bureau Security Officer).

Yes No N/A

If **No** - date that such business rules will be addressed:: _____

c. Was a Privacy Impact Assessment (PIA) completed? Yes No N/A

If **No** - date when the PIA will be completed: _____

2. If any of your staff work with Privacy Act Records in a 'telework' situation:

a. Is an appropriate telework agreement in place (in accordance with [Personnel Bulletin No. 05-02](#) issued February 18, 2005)

Yes No

b. Have those employees read and signed the agreement - particularly those dealing with 'security and liability issues', 'Privacy Act considerations', and 'recordkeeping requirements'?

Yes No N/A

If **No** - you must certify that such records will no longer be subject to a telework situation.

Certification/signature _____

3. Have you instructed staff (who work with your Privacy Act records on computers) to turn their computers away from (or secure their computers from) general traffic areas so that *only* those who 'need to work with the records' may view them?

Yes No If **No** - date when this will be done: _____

4. Are those working with Privacy records familiar with Privacy Act and its regulatory requirements?

(Refer appropriate staff to this URL address: <http://www.fws.gov/pdm/privacy.html>. If staff has more specific questions, instruct them to call the FWS Privacy Act Officer, 703/358-2504)

Yes No If **No** - date when staff will be instructed to consult the references:

5. Are system guidelines in place for those working with your Privacy Act records?

Yes No If **No** - date when this will be done: _____

6. Are procedures in place at your location that address the proper transfer of information from Privacy Act systems to Federal Record Centers or other facilities?

(Refer appropriate staff to this URL address: <http://www.fws.gov/pdm/privacy.html> and the Departmental link (see **384 DM 4**). If they have more specific questions, instruct them to call the FWS Privacy Act Officer, 703/358-2504).

Yes No If **No** - date when staff will be instructed to consult the references:

7. Which records schedule applies to the system?

FWS Records Schedule N1-022-05-01, March 2006
Federal Acquisition Regulation
General Records Schedule

8. Have employees been instructed to read how to handle certain records according to National Archives regulations at 36 CFR 1228.74?

(See link: <http://frwebgate.access.gpo.gov/cgi-bin/get-cfr.cgi?YEAR=current&TITLE=36&PART=1228&SECTION=74&SUBPART=&TYPE=TEXT>)

Yes No If **No** - date when they will be instructed to read the section:

Signature of System Owner/Manager: _____

Date: _____

THANK YOU! THIS COMPLETES THE SELF-CERTIFICATION FOR YOUR SYSTEM. PLEASE FAX TO: Johnny Hunt, Privacy Act Officer (703/358-2269) OR SCAN (IN PDF, SIGNED COPY) AND SEND TO: Johnny_Hunt@fws.gov