

# PRIVACY IMPACT ASSESSMENT (PIA)

## For the

Web Enabled Safety System (WESS)	
Department of the Navy - COMNAVSAFECEN	

# **SECTION 1: IS A PIA REQUIRED?**

a. Will this Department of Defense (DoD) information system or electronic collection of
information (referred to as an "electronic collection" for the purpose of this form) collect,
maintain, use, and/or disseminate PII about members of the public, Federal personnel,
contractors or foreign nationals employed at U.S. military facilities internationally? Choose
one option from the choices below. (Choose (3) for foreign nationals).

(1)	Yes,	trom	mem	bers	of the	general	public.

- (2) Yes, from Federal personnel\* and/or Federal contractors.
- (3) Yes, from both members of the general public and Federal personnel and/or Federal contractors.

☐ (4) No

- b. If "No," ensure that DITPR or the authoritative database that updates DITPR is annotated for the reason(s) why a PIA is not required. If the DoD information system or electronic collection is not in DITPR, ensure that the reason(s) are recorded in appropriate documentation.
- c. If "Yes," then a PIA is required. Proceed to Section 2.

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<sup>\* &</sup>quot;Federal personnel" are referred to in the DoD IT Portfolio Repository (DITPR) as "Federal employees."

# **SECTION 2: PIA SUMMARY INFORMATION**

a.	. Why is this PIA being created or updated? Choose one:					
		New DoD Informa	tion System		New Electron	ic Collection
	$\boxtimes$	Existing DoD Info	rmation System		Existing Elect	ronic Collection
		Significantly Modi System	fied DoD Information	1		
b. Ro	ls this outer N	s DoD information Network (SIPRNE	n system registered T) IT Registry?	d in t	the DITPR or the	DoD Secret Internet Protocol
	$\boxtimes$	Yes, DITPR	Enter DITPR System	Iden	itification Number	DIPPR ID: 5731 DITPR DON ID: 21015
		Yes, SIPRNET	Enter SIPRNET Iden	tificat	ion Number	
		No				
эу :	sectio	this DoD informa on 53 of Office of	tion system have a Management and E	ın IT Budg	investment Unio jet (OMB) Circul	que Project Identifier (UPI), required ar A-11?
		Yes		No		
	If "Ye	s," enter UPI	UII: 007-00	00012	264	
		If unsure,	consult the Component	: IT Bu	udget Point of Conta	ct to obtain the UPI.
d. I Red	Does t	this DoD informat Notice (SORN)?	tion system or elec	tron	ic collection req	uire a Privacy Act System of
	or lawfu	cy Act SORN is requir Il permanent U.S. resid tion should be consist	dents that is <u>retrieved</u> by	em or name	electronic collection or other unique iden	contains information about U.S. citizens tifier. PIA and Privacy Act SORN
ļ	$\boxtimes$	Yes		No		
	If "Yes	s," enter Privacy A	ct SORN Identifier		NM05100-4	
		Consult the Compo	signed designator, not nent Privacy Office for a v Act SORNs at: http://	additio	onal information or	
	,	or				
ļ	Date of		pproval to Defense P mponent Privacy Office			

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e. Does this DoD information system or electronic collection have an OMB Control Number? Contact the Component Information Management Control Officer or DoD Clearance Officer for this information.

This number indicates OMB approval to collect data from 10 or more members of the public in a 12-month period regardless of form or format.

	Yes	
	Enter OMB Control Number	
	Enter Expiration Date	
$\boxtimes$	No	

- f. Authority to collect information. A Federal law, Executive Order of the President (EO), or DoD requirement must authorize the collection and maintenance of a system of records.
  - (1) If this system has a Privacy Act SORN, the authorities in this PIA and the existing Privacy Act SORN should be the same.
  - (2) Cite the authority for this DoD information system or electronic collection to collect, use, maintain and/or disseminate PII. (If multiple authorities are cited, provide all that apply.)
  - (a) Whenever possible, cite the specific provisions of the statute and/or EO that authorizes the operation of the system and the collection of PII.
  - (b) If a specific statute or EO does not exist, determine if an indirect statutory authority can be cited. An indirect authority may be cited if the authority requires the operation or administration of a program, the execution of which will require the collection and maintenance of a system of records.
  - (c) DoD Components can use their general statutory grants of authority ("internal housekeeping") as the primary authority. The requirement, directive, or instruction implementing the statute within the DoD Component should be identified.

# SORN authorities: 5 U.S.C. 301, Departmental Regulations; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; E.O. 12196, Occupational Safety and Health Programs for Federal Employees; DoD Instruction 6055.07, Accident Investigation, Reporting, and Record Keeping; OPNAVINST 5102.1 series, Mishap Investigation and Reporting; OPNAVINST 3750.6 series, Naval Aviation Safety Programs; MCO P5102.1B, Marine Corps Ground Mishap Investigation and Reporting Manual; E.O. 9397 (SSN), as amended; Other authorities: OPNAVINST 5450.180E, Mission and Functions of Naval Safety Center; OPNAVINST 3150.27B, Navy Diving Program; OPNAVINST 3501.225C, Premeditated Personnel Parachuting (P3) Program.

# g. Summary of DoD information system or electronic collection. Answers to these questions should be consistent with security guidelines for release of information to the public.

(1) Describe the purpose of this DoD information system or electronic collection and briefly describe the types of personal information about individuals collected in the system.

The WESS Injury Verification Feed is information provided to COMNAVSAFECEN from medical sources regarding personnel injuries and illnesses. COMNAVSAFECEN automatically redistributes this information, via WESS, to the command specified in this data feed for verification of safety investigation and/or reporting requirements.

The Mishap/Hazard reporting module collects information on injuries and occupational illnesses required of Federal governmental agencies by the Occupational Safety and Health Administration (OSHA) along with pertinent information for property damage occurring during Naval operations. The data maintained in this system is used for analytical purposes to improve the Department of the Navy's accident prevention policies, procedures, standards, and operations, as well as ensure internal data quality assurance.

The Dive Jump Reporting System (DJRS) module collects on-duty dive and jump exposure data that allows for analysis to identify trends in personnel and equipment performance and procedural adequacy. It also serves as the source for the generation of official dive or jump logs for an individual or command.

Privacy information collected includes: Name, SSN, gender, birth date, age, marital status, number of dependents, medical information, employment information.

Medical Information:

Hours slept last 24 hours

Hours worked last 24 hours

Offsite Medical Facility Name

Name of Offsite Physician Providing Treatment

Offsite City, State and Zip

Involved Sharps Type and Brand

Involved Chemical Toxic Name and MSDS Number

Body Part Injured

Nature of Injury

BLS Source of Injury

BLS Injury Type

Lost Work Days

Hospitalized Days

Job Transferred Days

Light, Limited, Restricted Duty Days

Date of Death

Additional Medical Information Captured by Aviation Only:

Height

Weight

Shoulder Width

Sitting Height Anthropometric Code

Buttock Knee Length

Buttock Len Length

Functional Reach

Type of Last Sleep and Duration

Alcoholic Drinks Consumed

Time Since Alcohol Last Consumed

Hours Awake Prior

Hours Duty Prior

Hours Slept in the Last 48 Hours

House Slept in the Last 72 Hours

Hours Worked in the Last 48 Hours

Hours Worked in the Last 72 Hours Unconscious? Smoker? X-Ray Performed? Body X-Ray Significance? Spinal X-Ray Significance? X-Ray Within Normal Limits? Pre-Existing Conditions - Method of Discovery - Waiver Authority - Waiver Date - Condition ICD Diagnosis - Existing Condition Diagnosis Relevant Lab Test Information -- Type of Lab Test - Date Drawn - Elapsed Time - Lab Normal Range - Within Normal Range? - Type Lab Used - Type Tissue Used - Toxicology Substance Personal History Comments Flight Physical Examination/Physical Qualifications/Waivers Comments Medical History Acute and Chronic Medical Conditions Comments Medications Comments Employment Information: Branch of Service Service Status (Active, Reserve, Appropriated Civilian, Non-Appropriated Civilian, etc....) Military Category

Rank

Series

Job Title

Pay Band/Pay Grade

First Line Supervisor First Name, Last Name, Rank

First Line Supervisor Badge (Shore Only)

Second Line Supervisor First Name, Last Name, Rank, Badge (Shore Only)

Years and Months Experience

(2) Briefly describe the privacy risks associated with the PII collected and how these risks are addressed to safeguard privacy.

All privacy data captured presents a potential privacy risk. To safeguard privacy, the following safeguards are implements:

- 1) XML files with draft report content are encrypted on a file system
- 2) SSN is encrypted in database
- 3) All data transit to and from the database is encrypted.

h. With whom will the PII be shared through data exchange, both within your DoD Component and outside your Component (e.g., other DoD Components, Federal Agencies)? Indicate all that apply.

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	$\boxtimes$	Within the	DoD Component.
		Specify.	Commands and activities throughout the Department of the Navy required to report safety mishaps and injuries.
	$\boxtimes$	Other DoD (	Components.
		Specify.	Office of the Secretary of Defense (Personnel and Readiness)
		Other Feder	al Agencies.
		Specify.	
		State and Lo	ocal Agencies.
		Specify.	
		Contractor	(Enter name and describe the language in the contract that safeguards PII.)
		Specify.	
		Other (e.g.,	commercial providers, colleges).
		Specify.	
i.	Doi	individuals l	nave the opportunity to object to the collection of their PII?
••	<b>D</b> 0.	marrada i	ave the opportunity to object to the concentration of them in the
		Yes	No
		(1) If "Yes,"	describe method by which individuals can object to the collection of PII.
	(	(2) If "No," s	tate the reason why individuals cannot object.
	PII i	s not collected	I directly from the individual.
			,
j. l	Do ir	ndividuals h	ave the opportunity to consent to the specific uses of their PII?
		Yes	⊠ No

(1) If "Yes," describe the method by which individuals can give or withhold their consent. DD FORM 2930 NOV 2008 Page 6 of 19  $\,$ 

	'No," state the reason why	- 	nnot give or withhold	d their consent.
/hat infor	mation is provided to ar	ı individual wh	en asked to provid	de PII data? Indicate all tha
ly.	cy Act Statement		Privacy Advisory	
⊠ Othe	ſ		None	
each	Privacy Program and specif by the WESS application ar contractors, other governme	agreed upon whe fically states "th nd/or the WESS d ent agencies or C ed or processed b	en a WESS account is e information accesse latabase shall not be r ongress without prope by the WESS applicati	s created references the DON ed, stored, transmitted or proc- released to the general public er authorization. Information ion and/or the WESS databas
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## NOTE:

Sections 1 and 2 above are to be posted to the Component's Web site. Posting of these Sections indicates that the PIA has been reviewed to ensure that appropriate safeguards are in place to protect privacy.

A Component may restrict the publication of Sections 1 and/or 2 if they contain information that would reveal sensitive information or raise security concerns.

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