

## (FY 2010) PIA: System Identification

Region 1> VHA> VISN6>  
W.G.Hefner VAMC> 659  
>PBX

OMB Unique System / Application / Program  
Identifier (AKA: UPID #): 029-00-02-00-01-1120-00

The PBX system is the telecommunication system for Salisbury VAMC. The PBX is a Digital Voice Communications NEC NEAX 2400 IPX Universe Private Branch Exchange (PBX), consisting of dual common control switches providing redundancy. The Salisbury, NC VAMC PBX system is a standalone system with no system interconnections.

There is no internet

### Description of System / Application / Program:

capability.

#### Facility Name:

W.G.Hefner VAMC

Title:	Name:	Phone:	Email:
Privacy Officer:	Terrall E. Hughley	704 -638 9000 e <a href="mailto:Terrall.Hughley@va.gov">Terrall.Hughley@va.gov</a>	
Information Security Officer:	John Russ	704 638 9000 e: <a href="mailto:John.Russ@va.gov">John.Russ@va.gov</a>	
Chief Information Officer:	Deborah L. Gunn	704 638 9000 e: <a href="mailto:Deborah.Gunn@va.gov">Deborah.Gunn@va.gov</a>	
Person Completing Document:	Terrall E. Hughley	704 -638 9000 e <a href="mailto:Terrall.Hughley@va.gov">Terrall.Hughley@va.gov</a>	
Other Titles:			

Other Titles:  
Other Titles:

Date of Last PIA Approved by VACO Privacy Services: (MM/YYYY)

06/2009

Date Approval To Operate Expires:

08/2011

What specific legal authorities authorize this program or system:

FIPS 199 and FIPS 200

What is the expected number of individuals that will have their PII stored in this system:

0

Identify what stage the System / Application / Program is at:

Operations/Maintenance

The approximate date (MM/YYYY) the system will be operational (if in the Design or

Development stage), or the approximate number of years the

system/application/program has been in operation.

In operation 1 year

Is there an authorized change control process which documents any changes to existing applications or systems?

Yes

If No, please explain:

Has a PIA been completed within the last three years?

Yes

Date of Report (MM/YYYY):

12/2009

Please check the appropriate boxes and continue to the next TAB and complete the remaining questions on this form.

- Have any changes been made to the system since the last PIA?
- Is this a PIV system/application/program collecting PII data from Federal employees, contractors, or others performing work for the VA?
- Will this system/application/program retrieve information on the basis of name, unique identifier, symbol, or other PII data?
- Does this system/application/program collect, store or disseminate PII/PHI data?
- Does this system/application/program collect, store or disseminate the SSN?

Does this system/application/program collect, store or disseminate the SSN?  
**If there is no Personally Identifiable Information on your system , please skip to TAB 12. ( See Comment for Definition of PII)**

## (FY 2010) PIA: System of Records

Is the data maintained under one or more approved System(s) of Records?

If the answer above is no, please skip to row 16.

No

For each applicable System(s) of Records, list:

1. All System of Record Identifier(s) (number):
2. Name of the System of Records:
3. Location where the specific applicable System of Records Notice may be accessed (include the URL):

Have you read, and will the application, system, or program comply with, all data management practices in the System of Records Notice(s)?

Does the System of Records Notice require modification or updating?

*(Please Select Yes/No)*

Is PII collected by paper methods?

Is PII collected by verbal methods?

Is PII collected by automated methods?

Is a Privacy notice provided?

Proximity and Timing: Is the privacy notice provided at the time of data collection?

Purpose: Does the privacy notice describe the principal purpose(s) for which the information will be used?

Authority: Does the privacy notice specify the effects of providing information on a voluntary basis?

Disclosures: Does the privacy notice specify routine use(s) that may be made of the information?

## (FY 2010) PIA: Notice

Please fill in each column for the data types selected.

<b>Data Type</b>	<b>Collection Method</b>	<b>What will the subjects be told about the information collection?</b>	<b>How is this message conveyed to them?</b>	<b>How is a privacy notice provided?</b>
<b>Veteran or Primary Subject's Personal Contact Information (name, address, telephone, etc)</b>				
<b>Family Relation (spouse, children, parents, grandparents, etc)</b>				
<b>Service Information</b>				
<b>Medical Information</b>				
<b>Criminal Record Information</b>				
<b>Guardian Information</b>				
<b>Education Information</b>				
<b>Benefit Information</b>				
<b>Other (Explain)</b>				
<b>Other (Explain)</b>				
<b>Other (Explain)</b>				

## (FY 2010) PIA: Data Sharing

Organization	Name of Agency/Organization	Do they access this system?	Identify the type of Data Sharing and its purpose.	Is PII or PHI Shared?	What is the procedure you reference for the release of information?
Internal Sharing: VA Organization		No			
Other Veteran Organization		No			
Other Federal Government Agency		No			
State Government Agency		No			
Local Government Agency		No			
Research Entity		No			
Other Project / System		No			
Other Project / System		No			
Other Project / System		No			

## (FY 2010) PIA: Access to Records

Does the system gather information from another system?

No

Please enter the name of the system:

Per responses in Tab 4, does the system gather information from an individual?

No

If information is gathered from an individual, is the information provided:

Through a Written Request

Submitted in Person

Online via Electronic Form

Is there a contingency plan in place to process information when the system is down?

Yes

## (FY 2010) PIA: Secondary Use

Will PII data be included with any secondary use request?

No

- Drug/Alcohol Counseling
- Research
- Mental Health
- Sickle Cell
- HIV
- Other (Please Explain)

If yes, please check all that apply:  
Describe process for authorizing access to this data.

Answer:

## (FY 2010) PIA: Program Level Questions

Does this PIA form contain any sensitive information that could cause harm to the Department of Veterans Affairs or any party if disclosed to the public?

No

If Yes, Please Specify:

Explain how collected data are limited to required elements:

Answer:

How is data checked for completeness?

Answer:

What steps or procedures are taken to ensure the data remains current and not out of date?

Answer:

How is new data verified for relevance, authenticity and accuracy?

Answer:

**Additional Information:** (Provide any necessary clarifying information or additional explanation for this section.)

Answer:

## (FY 2010) PIA: Retention & Disposal

What is the data retention period?

Answer:

Explain why the information is needed for the indicated retention period?

What are the procedures for eliminating data at the end of the retention period?

Answer:

Where are these procedures documented?

Answer:

How are data retention procedures enforced?

Answer:

Has the Retention schedule been approved by the National Archives and Records Administration (NARA)

No

**Additional Information:** (Provide any necessary clarifying information or additional explanation for this section.)

Answer:

## (FY 2010) PIA: Children's Online Privacy Protection Act (COPPA)

Will information be collected through the internet from children under age 13?

No

If Yes, How will parental or guardian approval be obtained?

Answer:

**(FY 2010) PIA: Security**

Is the system/application/program following IT security Requirements and procedures required by federal law and policy to ensure that information is appropriately secured.

Has the system/application/program conducted a risk assessment, identified appropriate security controls to protect against that risk, and implemented those controls..

Is security monitoring conducted on at least a quarterly basis to ensure that controls continue to work properly, safeguarding the information?

Is security testing conducted on at least a quarterly basis to ensure that controls continue to work properly, safeguarding the information?

**Yes**

**Yes**

**Yes**

**Yes**

**Yes**

Are performance evaluations conducted on at least a quarterly basis to ensure that controls continue to work properly, safeguarding the information?

**Yes**

If 'No' to any of the 3 questions above, please describe why:

Answer:  
Is adequate physical security in place to protect against unauthorized access?

**Yes**

If 'No' please describe why:  
Answer:  
Explain how the project meets IT security requirements and procedures required by federal law.

Answer:  
Answer:

Explain what security risks were identified in the security assessment? (Check all that apply)

- Air Conditioning Failure
- Chemical/Industrial Contamination
- Blackmail
- Bomb Threats
- Cold/Frost/Snow
- Communications Loss
- Computer Intrusion
- Data Destruction
- Data Disclosure
- Data Integrity Loss
- Denial of Service Attacks
- Earthquakes
- Eavesdropping/Interception
- Fire (false Alarm, Major, and Minor)
- Flooding/Water Damage

Answer: (Other Risks)

Explain what security controls are being used to mitigate these risks. (Check all that apply)

- Risk Management
- Access Control
- Awareness and Training
- Contingency Planning
- Physical and Environmental Protection
- Personnel Security
- Certification and Accreditation Security Assessments

Answer: (Other Controls)

PIA: PIA Assessment

Identify what choices were made regarding the project/system or collection of information as a result of performing the PIA.

Answer: controls to mitigate vulnerabilities

**Availability Assessment:** If the data being collected is not available to process for any reason what will the potential impact be upon the system or organization?

{Choose One}

LOW

**Integrity Assessment:** If the data being collected has been corrupted for any reason what will the potential impact be upon the system or organization?

{Choose One}

**Confidentiality Assessment:** If the data being collected has been shared with unauthorized individuals what will the potential impact be upon the system or organization?

{Choose One}

LOW

The potential impact is **high** if the loss of availability could be expected to have a severe or catastrophic adverse effect on operations, assets or individuals.

The potential impact is **moderate** if the loss of availability could be expected to have a serious adverse effect on operations, assets or individuals.

The potential impact is **low** if the loss of availability could be expected to have a limited adverse effect on operations, assets or individuals.

The potential impact is **high** if the loss of availability could be expected to have a severe or catastrophic adverse effect on operations, assets or individuals.

The potential impact is **moderate** if the loss of availability could be expected to have a serious adverse effect on operations, assets or individuals.

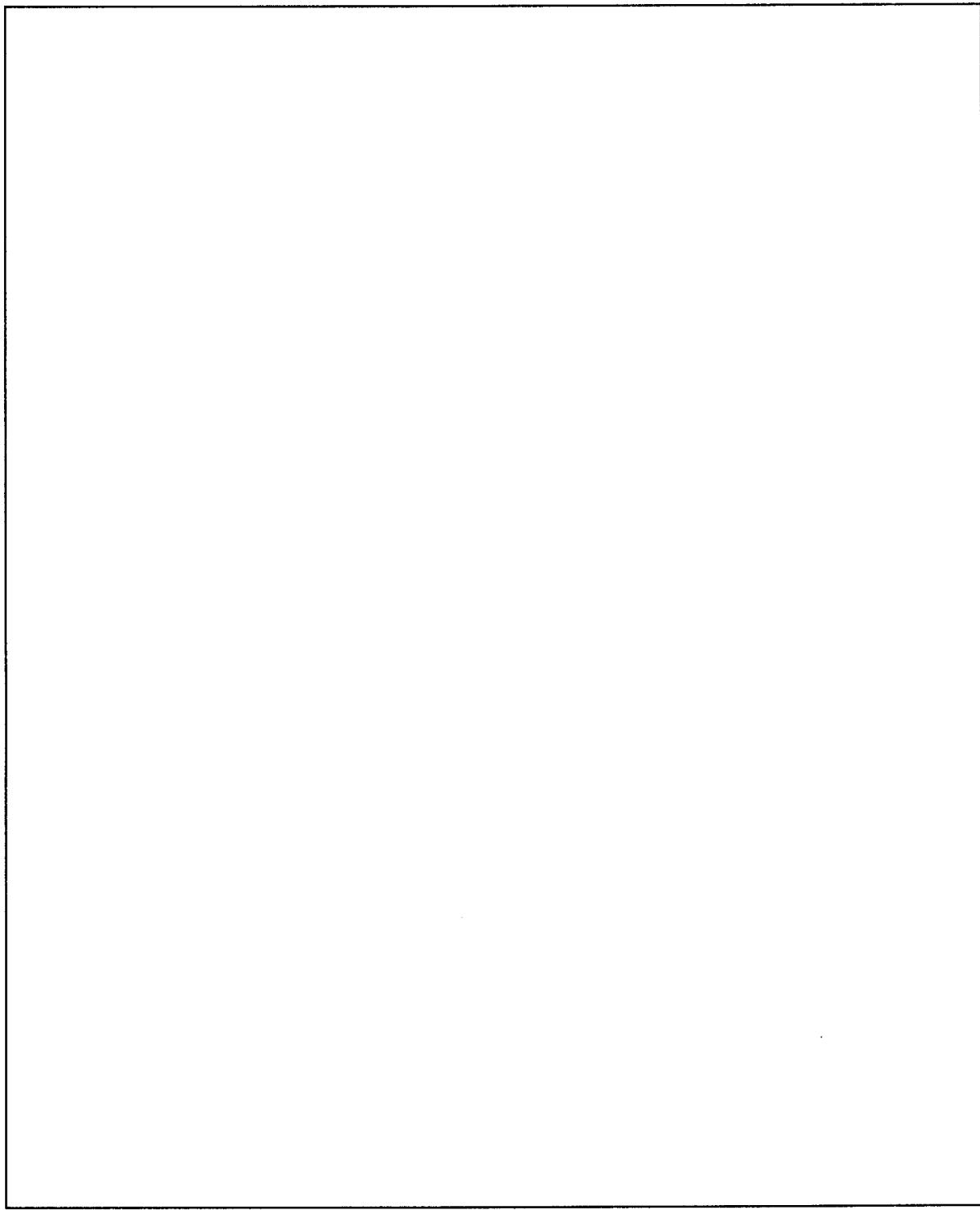
The potential impact is **low** if the loss of availability could be expected to have a limited adverse effect on operations, assets or individuals.

The potential impact is **high** if the loss of availability could be expected to have a severe or catastrophic adverse effect on operations, assets or individuals.

**The controls are being considered for the project based on the selections from the previous assessments?**

LOW

**Please add additional controls:**



Add any additional comments on this tab for any question in the form you want to comment on.  
Please indicate the question you are responding to and then add your comments.

(FY 2010) PIA: Additional Comments

Records Locator System	Educational Training Website	Appraisal System	Veterans Assistance Discharge System (VADS)	LGY Processing	LGY Service and Claims	LGY Home Loans	SHARE	State of Case/Supplemental	Financial and Accounting System (FAS)	Web Automated Reference Material System (WARMS)	Automated Standardized Performance Measurement System (ASPM)	Inquiry Routing Information System	National Silent Monitoring (NSM)	Web Service Medical Records (WeBSMR)	Systematic Technical Accuracy Review (STAR)	Fiduciary STAR Case Review	Veterans Exam Request Info System (VERIS)	Web Automated Folder Processing (WFPS)	Coursesware Delivery System (CDS)	Loan Guaranty Training Website	C&P Training Website
Records Locator System	Educational Training Website	Appraisal System	Veterans Assistance Discharge System (VADS)	LGY Processing	LGY Service and Claims	LGY Home Loans	SHARE	State of Case/Supplemental	Financial and Accounting System (FAS)	Web Automated Reference Material System (WARMS)	Automated Standardized Performance Measurement System (ASPM)	Inquiry Routing Information System	National Silent Monitoring (NSM)	Web Service Medical Records (WeBSMR)	Systematic Technical Accuracy Review (STAR)	Fiduciary STAR Case Review	Veterans Exam Request Info System (VERIS)	Web Automated Folder Processing (WFPS)	Coursesware Delivery System (CDS)	Loan Guaranty Training Website	C&P Training Website
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Explain what minor application that are associated with your installation? (Check all that apply)

FY 2010) PIA: VBA Minor Applications

Minor app #3

Name	Description	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is PII collected by this min or application?		
<input type="checkbox"/>		
Does this minor application store PII?		
<input type="checkbox"/>		
If yes, where?		
<input type="checkbox"/>		
Who has access to this data?		
<input type="checkbox"/>		

Minor app #2

Name	Description	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is PII collected by this min or application?		
<input type="checkbox"/>		
Does this minor application store PII?		
<input type="checkbox"/>		
If yes, where?		
<input type="checkbox"/>		
Who has access to this data?		
<input type="checkbox"/>		

Minor app #1

Name	Description	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is PII collected by this min or application?		
<input type="checkbox"/>		
Does this minor application store PII?		
<input type="checkbox"/>		
If yes, where?		
<input type="checkbox"/>		
Who has access to this data?		
<input type="checkbox"/>		

Explain any minor application that are associated with your installation that does not appear in the list above. Please provide name, brief description, and any comments you may wish to include.

SHARE	Service Member Records Tracking System
(RB2000)	Rating Board Automation 2000
System Files	Personal Information Exchange
(PAID)	Personnel and Fee Basis
Beruets Delivery Network (BDN)	Beruets Delivery Network (BDN)
(WSMS)	Work Study Management System
FOCAS	Web-Enabled Approval
WEAMS	Management System (WEAMS)
Program CH 1607	Program CH 1607
Reserve Education Assistance	Reserve Education Assistance
Program CH 1606	Program CH 1606
Members of the Selected Reserve	Members of the Selected Reserve
Education Assistant for	Education Assistant for
Program for Survivors (REAPS)	Program for Survivors (REAPS)
Reinstatement Enrollment	Reinstatement Enrollment
Survivors and Dependents	Survivors and Dependents
Educational Assistance CH 35	Educational Assistance CH 35
C&P Payment System	C&P Payment System
Spinal BiRIS Program CH 18	Spinal BiRIS Program CH 18
MVR	Master Veterans Record (MVR)
Post Vietnam Era Education	Post Vietnam Era Education
Employment (VRAE) CH 31	Employment (VRAE) CH 31
INs - BI RLS	INs - BI RLS
Mobileization	Mobileization
EDOSoft	EDOSoft
Corporate Database	Corporate Database
Compensation & Pension (C&P)	Compensation and Pension (C&P)
Omnicell	Omnicell
Telecare Record Manager	Telecare Record Manager
BRIS	Centralized Accounts Receivable System
WINRS	Seattle (WINRS)
Veterans Service Network (VETSNET)	Veterans Service Network (VETSNET)
Waco Indianapolis, Newark, Ronkonk,	Waco Indianapolis, Newark, Ronkonk,
PRI Plus	PRI Plus
Mental Health Assistant	Mental Health Assistant
Sidexis	Sidexis
VBA Training Academy	VBA Training Academy
Dental Records Manager	Dental Records Manager
Veterans Assistance Discharge System	Veterans Assistance Discharge System
(VADS)	(VADS)
Baker System	Baker System

ADP PLANNING (PLANMAN)	DSS EXTRACTS	IN TAKE/OUTPUT	INPATIENT MEDICATIONS	DRUG ACCOUNTABILITY	ACCOUNTS RECEIVABLE
ADVERSE REACTION TRACKING	EEO COMPLAINT TRACKING	INTEGRATED BILLING	INTEGRATED PATIENT FUNDS	ASISTS	INSTALLETION? (Check all that apply)
AUTHORIZATION/SUBSCRIPTION	ELECTRONIC SIGNATURE	SUPPORT	INTERIM MANAGEMENT	ENGINEERING	FY 2010) PIA: VISTA Minor Applications
AUTO REPLENISHMENT/WARD STOCK	KERNEL	KIDS	KIDS	ENGINNEERING	Explain what minor application that are associated with your
AUTOMATED INFO COLLECTION SYS	ENROLLMENT APPLICATION	SYSTEM	LAB SERVICE	EVENT CAPTURE	INSTALLETION? (Check all that apply)
AUTOMATED LAB INSTRUMENTS	EUQIMENT/TURN-IN	REQUEST	LAB SERVICE	LETTERMAN	Explain what minor application that are associated with your
BED CONTROL	EXTENSIBLE EDITOR	LIBRARY	LIST MANAGER	EXTERNAL PEER REVIEW	Explain what minor application that are associated with your
CAPRI	FUNCTIONAL	VISTA	MCR NATIONAL	GEN. MED. REC. - GENERATOR	Explain what minor application that are associated with your
CAPACITY MANAGEMENT TOOLS	MASTER PATIENT INDEX	MCOM	MINIMAL PATIENT	GEN. MED. REC. - I/O	Explain what minor application that are associated with your
CARE MANAGEMENT	DATASET	GRCC	HEALTH DATA &	INFORMATICS	Explain what minor application that are associated with your
CLINICAL MONITORING SYSTEM	MINIMAL PATIENT	GRCC	HEALTH LEVEL SEVEN	CLINICAL REMINDERS	Explain what minor application that are associated with your
CLINICAL PROCEDURES	DATASET	HEALTH DATA &	HEALTH LEVEL SEVEN	MISSING Patient Reg (Oliginal)	Explain what minor application that are associated with your
CMOP	AAEL	HEALTH SUMMARY	HEALTH LEVEL SEVEN	CLINICAL REMINDERS	Explain what minor application that are associated with your
CONSULT/REQUEST TRACKING	TEST	HINQ	NATIONAL DRUG FILE	NATIONAL DRUG FILE	Explain what minor application that are associated with your
CONTROLED SUBSTANCES	NDBI	HOSPITAL BASED HOME	NATIONAL LABORATORY	NATIONAL LABORATORY	Explain what minor application that are associated with your
CPT/HCP CS CODES	CARE	ICR - IMMUNOLOGY CASE	EXCHANGE	EXCHANGE	Explain what minor application that are associated with your
CREDENTIALS TRACKING	ICAP	REGISTRY	NOIS	NURSING SERVICE	Explain what minor application that are associated with your
DENTAL	IMAGING	REGISTRY	NOIS	OCURRENCE SCREEN	Explain what minor application that are associated with your
DISCHARGE SUMMARY	ONCOLOGY	INCOME VERIFICATION	MAATCH	INCOPLETE RECORDS	Explain what minor application that are associated with your
DRG GROUPER	REPORTING	TRACKING	ORDER ENTRY/RESULTS	INCOMPLETE RECORDS	Explain what minor application that are associated with your

Minor app #3

Who has access to this data?		
<input type="checkbox"/> If yes, where?		
Does this minor application store PII?		
Is PII collected by this min or application?		
Name	Description	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Minor app #2

Who has access to this data?		
<input type="checkbox"/> If yes, where?		
Does this minor application store PII?		
Is PII collected by this min or application?		
Name	Description	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Minor app #1

Who has access to this data?		
<input type="checkbox"/> If yes, where?		
Does this minor application store PII?		
Is PII collected by this min or application?		
Name	Description	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

list above. Please provide name, brief description, and any comments you may wish to include.  
Explain any minor application that are associated with your installation that does not appear in the

TOOL  
SHIFT CHANGE HANDOFF

SECURITY SUITE UTILITY PACK

SCHEDULING  
SAGG

RUN TIME LIBRARY

RPC BROKER

SYSTEM  
REMOTE ORDER/ENTRY

RELEASE OF INFORMATION - DSSI  
CARE TRACKER

REGISTRATION  
WOMEN'S HEALTH

VOLUNTARY TIMKEEPING NATIONAL  
RECORD TRACKING

MEDICINE

VOLUNTARY TIMKEEPING

RADIOLOGY/NUCLEAR

ANRV

VISUAL IMPAIRMENT SERVICE TEAM

QASAR

VISITLINK SECURITY

CHECKLIST

QUALITY IMPROVEMENT

INTEGRATION

VISITLINK

QUALITY ASSURANCE

VISIT TRACKING

POSTHECTICS

VISITLINK

QUALITY ASSURANCE

VISITLINK

PROGRESS NOTES

VISITLINK

PROBLEM LIST

VENDOR - DOCUMENT STORAGE SYS

PRACICE

VDEF

POLICE & SECURITY

DATA BASE

VBECS

PHARMACY PRESCRIPTION

VA FILEMAN

PHARMACY NATIONAL

MANAGEMENT

MANAGEMENT

VA CERTIFIED COMPONENTS - DSSI

PHARMACY DATA

UTILIZATION REVIEW

MANAGEMENT

UTILIZATION MANAGEMENT ROLLUP

PCE PATIENT HIS SUBSET

ENCOUNTER

PCE PATIENT CARE

UNWINDER

UTILIZATION MANAGEMENT ROLLUP

PATIENT BENEFITS

TOOLKIT

TEXT INTEGRATION UTILITIES

PATIENT FEEDBACK

SURVEY GENERATOR

PATIENT DATA EXCHANGE

SPINAL CORD DYSFUNCTION

PATIENT MODULE

SURGERY

PATIENT PHARMACY

SOCIAL WORK

OUTPATIENT PHARMACY

Minor app #3

Name	Description	Comments
Is PII collected by this min or application?		
<input type="checkbox"/> Does this minor application store PII?		
<input type="checkbox"/> If yes, where?		
<input type="checkbox"/> Who has access to this data?		

Minor app #2

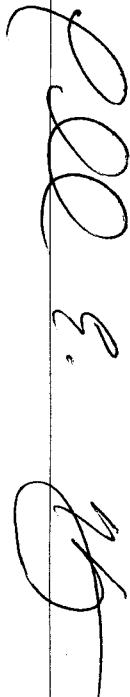
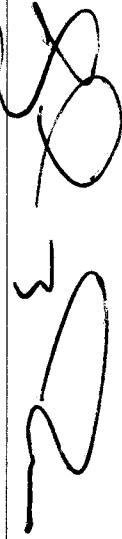
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Minor app #1

Name	Description	Comments
Is PII collected by this min or application?		
<input type="checkbox"/> Does this minor application store PII?		
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<input type="checkbox"/> Who has access to this data?		

Add any information concerning minor applications that may be associated with your system. Please indicate the name of the minor application, a brief description, and any comments you may wish to include. If you have more than 3 minor applications please copy them below sections as many times as needed.

(FY 2010) PIA: Final Signatures

Facility Name:	W.G.Hefner VAMC		
Title:	Name:	Phone:	Email:
Privacy Officer:	Terrall E. Hughley	704 -638 9000	Terrall.Hughley@va.gov
			
Information Security Officer:	John Russ	704 638 9000 ext 4849	John.Russ@va.gov
			
Chief Information Officer:	Deborah L. Gunn	704 638 9000 ext 4847	Deborah.Gunn@va.gov
			
Person Completing Document:	Terrall E. Hughley	704 -638 9000 ext 2585	Terrall.Hughley@va.gov
			
System / Application / Program Manager:	0	0	0
Date of Report:	12/1/2009		
OMB Unique Project Identifier	029-00-02-00-01-1120-00		
Project Name	Public Branch Exchange (PBX)		