

(FY 2012) PIA: System Information		*Green Highlight = Must Answer Question	*Yellow Highlight = Required to Sign PIA		
Program or System Name (as shown in SMART):	FPO > VHA > CEOSH > LAN				
OMB Unique System / Application / Program Identifier (UPID #):	(AKA:	029-00-02-00-01-1120-00			
Description of System/ Application/ Program : "must match what is stated in System Security Plan (SSP)"	The CEOSH uses the Local Area Network (LAN) as a General Support System, upporting mission-critical and other systems necessary to conduct day-to-day operations within the Veterans Health Administration. The LAN provides basic network connectivity to allow users access to applications and the intranet.				
Facility or Program Office Name:	Center for Engineering & Occupational Safety and Health				
Title:	Name:	Phone:	Email:		
Privacy Officer:	Laura Stefanowycz	(314) 894-5760 ext. 2	<a href="mailto:laura.stefanowycz@va.gov">laura.stefanowycz@va.gov</a>		
Information Security Officer:	Richard Lemar	(314) 652-4100 Ext. 66	<a href="mailto:richard.lemar@va.gov">richard.lemar@va.gov</a>		
System Owner/Delegate:	Michael Quinn	(919) 383-7874 x238	<a href="mailto:michael.quinn@va.gov">michael.quinn@va.gov</a>		
Chief Information Officer:	Larry Wolk	(314) 894-6150	<a href="mailto:larry.wolk@va.gov">larry.wolk@va.gov</a>		
Information Owner:	Jeffrey Whitman	(314) 894-6151	<a href="mailto:jeffrey.whitman@va.gov">jeffrey.whitman@va.gov</a>		
Other Titles:					
Person Completing Document:	Richard Lemar	(314) 652-4100 Ext. 66	<a href="mailto:richard.lemar@va.gov">richard.lemar@va.gov</a>		
Other Titles:					
Date of Last Full Approved PIA by VACO Privacy Services: (MM/YYYY)			04/2009		
What specific legal authorities authorize this program or system:	Title 38, United States code, Section 7301 (a)				
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.					
Is there an authorized change control process which documents any changes to existing applications or systems?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A : First PIA				
If No, (Explain on Tab 8)					
Is there a contingency plan in place to process information when the system is down?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A : First PIA				
Has a PIA been completed within the last three years?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A : First PIA				
<b>FISMA QUESTIONS</b>					
1. Is this a new system?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
2. Does this system contain Federal information in identifiable form?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
3. Does the system include information on the public?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
4. Is there a Privacy Impact Assessment (PIA) that covers this system?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> National Security System under 40 U.S.C. 11103, a PIA is not required for this system				
5. Is there a Privacy Impact Assessment (PIA) that covers this system's identifier?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
6. What is the System of Records Notice (SORN) for this system?	N/A				
7. Has this SORN been reviewed or updated within the last three years?	N/A				
Date of Report (MM/YYYY):	30-Nov-11				
<b>Any check mark in the boxes below will require a full PIA. Please continue to the next TAB and complete the remaining questions.</b>					
<b>If there is no Personally Identifiable Information on your system, please complete TAB 2 &amp; TAB 12. ( See Comment for Definition of PII)</b>					
<input type="checkbox"/> Have any changes been made to the system since the last PIA?					
<input type="checkbox"/> Is this a PIV system/application/program collecting PII data from Federal employees, contractors, or others performing work for the VA?					
<input type="checkbox"/> Will this system/application/program retrieve information on the basis of name, unique identifier, symbol or other PII data?					
<input type="checkbox"/> Does this system/application/program collect, store, or disseminate PII/PHI data?					



(FY 2012) PIA: System of Records

\*Green Highlight = Must Answer Question

- 1. Is a SORN (System of Records Notice) Required?
- 2. Is there a SORN already in place?

Yes     No     Not Sure  
 Yes     No

\*\*\*If Yes, select all of the appropriate SORN number(s):  
\*\*\*If Not Sure, continue to question 3

\*\*\*Click to add. Delete SORN by highlighting SORN and comma if included and press the Delete key or place focus on area to delete all SORNs.

LIST OF SORN NUMBER(S) :

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

- 3. If records are retrieved using any of the following entities, a SORN will be required (Please check all that apply)

<input type="checkbox"/> Full Name
<input type="checkbox"/> Maiden Name
<input type="checkbox"/> Mother's Maiden Name
<input type="checkbox"/> Alias
<input type="checkbox"/> Social Security Number
<input type="checkbox"/> Passport Number
<input type="checkbox"/> Driver's License Number
<input type="checkbox"/> Taxpayer Identification Number
<input type="checkbox"/> Financial Account Number
<input type="checkbox"/> Credit Card Number
<input type="checkbox"/> Street Address
<input type="checkbox"/> Email Address
<input type="checkbox"/> Photographic Image
<input type="checkbox"/> Fingerprints
<input type="checkbox"/> Handwriting
<input type="checkbox"/> Other Biometric Data
<input type="checkbox"/> Other (Explain on Tab B)

- 4. Based on Question 3, is a SORN required?

Yes     No  
 Yes     No

\*\*\*If Yes, has the process begun to obtain/acquire a SORN

Location where the specific applicable System of Records Notice may be accessed:

[http://www.rms.oit.va.gov/SOR\\_Records.asp](http://www.rms.oit.va.gov/SOR_Records.asp)

(FY 2012) PIA: Data Collection And Storage

\*Green Highlight = Must Answer Question

Please fill in each column for the data types selected.

Data Type	Collection Method	What are the subjects told about the intended use of their information?	How is this message conveyed to them?
Veteran or Primary Subject's Personal Contact Information (name, address, telephone, etc)			
Family Relation (spouse, children, parents, grandparents, etc)			
Service Information			
Medical Information			
Criminal Record Information			
Guardian Information			
Education Information			
Benefit Information			
Other (Explain on Tab 8)			

Data Type	Storage Method	Source (If requested, identify the specific file, entity and/or name of agency)	Is data collection Mandatory or Voluntary?
Veteran or Primary Subject's Personal Contact Information (name, address, telephone, etc)	<input type="radio"/> Yes <input type="radio"/> No		<input checked="" type="radio"/> Mandatory <input type="radio"/> Voluntary
Family Relation (spouse, children, parents, grandparents, etc)	<input type="radio"/> Yes <input type="radio"/> No		<input checked="" type="radio"/> Mandatory <input type="radio"/> Voluntary
Service Information	<input type="radio"/> Yes <input type="radio"/> No		<input checked="" type="radio"/> Mandatory <input type="radio"/> Voluntary
Medical Information	<input type="radio"/> Yes <input type="radio"/> No		<input checked="" type="radio"/> Mandatory <input type="radio"/> Voluntary
Criminal Record Information	<input type="radio"/> Yes <input type="radio"/> No		<input checked="" type="radio"/> Mandatory <input type="radio"/> Voluntary
Guardian Information	<input type="radio"/> Yes <input type="radio"/> No		<input checked="" type="radio"/> Mandatory <input type="radio"/> Voluntary
Education Information	<input type="radio"/> Yes <input type="radio"/> No		<input checked="" type="radio"/> Mandatory <input type="radio"/> Voluntary
Benefit Information	<input type="radio"/> Yes <input type="radio"/> No		<input checked="" type="radio"/> Mandatory <input type="radio"/> Voluntary
Other (Explain on Tab 8)	<input type="radio"/> Yes <input type="radio"/> No		<input checked="" type="radio"/> Mandatory <input type="radio"/> Voluntary

	(Please Select Yes/No)		
Proximity and Timing: Is the privacy notice provided at the time of data collection?	<input type="radio"/> Yes <input type="radio"/> No		
Purpose: Does the privacy notice describe the principal purpose(s) for which the information will be used?	<input type="radio"/> Yes <input type="radio"/> No		
Authority: Does the privacy notice specify the effects of providing information on a voluntary basis?	<input type="radio"/> Yes <input type="radio"/> No		
Disclosures: Does the privacy notice specify routine use(s) that may be made of the information?	<input type="radio"/> Yes <input type="radio"/> No		
<a href="#">routine use(s)</a>			



(FY 2012) PIA: Data Sharing *Green Highlight = Must Answer Question		** Any connection external to VA requires an ISA/MOU per VA 6500. This section below must be consistent with your System Security Plan Interconnection Security Agreement section.				
Organization	Name of Agency/Organization	Do they access this system?	Identify the type of Sharing	Data	Is PII or PHI Shared?	What is the procedure you reference for the release of information?
Internal Sharing: VA Organization		<input checked="" type="radio"/> Yes <input type="radio"/> No			<input checked="" type="radio"/> Yes <input type="radio"/> No	
Other Veteran Organization		<input checked="" type="radio"/> Yes <input type="radio"/> No			<input checked="" type="radio"/> Yes <input type="radio"/> No	
Other Federal Government Agency		<input checked="" type="radio"/> Yes <input type="radio"/> No			<input checked="" type="radio"/> Yes <input type="radio"/> No	
State Government Agency		<input checked="" type="radio"/> Yes <input type="radio"/> No			<input checked="" type="radio"/> Yes <input type="radio"/> No	
Local Government Agency		<input checked="" type="radio"/> Yes <input type="radio"/> No			<input checked="" type="radio"/> Yes <input type="radio"/> No	
Research Entity		<input checked="" type="radio"/> Yes <input type="radio"/> No			<input checked="" type="radio"/> Yes <input type="radio"/> No	
<input type="checkbox"/> Other Project/ System (Explain on Tab 8)						
<b>(FY 2012) PIA: Access to Records</b>						
Does the system gather information from another system?		<input checked="" type="radio"/> Yes <input type="radio"/> No				
Please enter the name of the system:						
<b>(FY 2012) PIA: Secondary Use</b>						
Will PII data be included with any secondary use request?		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> Mental Health	<input type="checkbox"/> HIV	<input type="checkbox"/> Drug/Alcohol Counseling	
Check all that apply			<input type="checkbox"/> Sickle Cell	<input type="checkbox"/> Other (Explain on Tab 8)	<input type="checkbox"/> Research	

<b>(FY 2012) PIA: Records Management</b>		<b>*Green Highlight = Must Answer Question</b>
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?		
<input type="radio"/> Yes (Explain on Tab 8) <input checked="" type="radio"/> No		
Is the data collected to only what is necessary to provide requested service?		
<input checked="" type="radio"/> Yes <input type="radio"/> No (Explain on Tab 8)		
Has the data provided been verified as complete?		
<input type="checkbox"/> Veteran Verified <input type="checkbox"/> Received From Database <input type="checkbox"/> Verification Unknown		
<b>(FY 2012) PIA: Retention &amp; Disposal</b>		
What is the data retention period?		<u>RCS 10-1 link for VHA:</u>
Answer:		<u>RCS VB-1, Part II Revised for VBA:</u>
		<u>National Archives and Records Administration:</u>
Explain why the information is needed for the indicated retention period?		
Answer:		
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)		
<input checked="" type="radio"/> Yes <input type="radio"/> No (Explain on Tab 8)		
<b>(FY 2012) PIA: Children's Online Privacy Protection Act (COPPA)</b>		
Will information be collected through the internet from children under age 13?		
<input type="radio"/> Yes (Explain on Tab 8) <input checked="" type="radio"/> No		



(FY 2012) PIA: Security \*Green Highlight = Must Answer Question

Is the system/application/program following IT security Requirements and procedures required by federal law and policy to ensure that information is appropriately secured.	<input type="radio"/> Yes	<input type="radio"/> No (Explain on Tab 8)
Has the system/application/program conducted a risk assessment, identified appropriate security controls to protect against that risk, and implemented those controls..	<input type="radio"/> Yes	<input type="radio"/> No (Explain on Tab 8)
Is security monitoring conducted annually or as needed to ensure that controls continue to work properly, safeguarding the information?	<input type="radio"/> Yes	<input type="radio"/> No (Explain on Tab 8)
Is security assessment conducted annually or as needed to ensure that controls continue to work properly, safeguarding the information?	<input type="radio"/> Yes	<input type="radio"/> No (Explain on Tab 8)
Is adequate physical security in place to protect against unauthorized access?	<input type="radio"/> Yes	<input type="radio"/> No (Explain on Tab 8)
*Ensure PE 2, PE-3, PE-6, PE-7, PE-8 have been addressed appropriately for your categorization		

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

<input type="checkbox"/> Biological Release	<input type="checkbox"/> Fire	<input type="checkbox"/> Lightning Strike	<input type="checkbox"/> Terrorist
<input type="checkbox"/> Blizzard	<input type="checkbox"/> Flood	<input type="checkbox"/> Malicious Code	<input type="checkbox"/> Thunderstorm
<input type="checkbox"/> Burglary/Break In	<input type="checkbox"/> Hacker, Cracker	<input type="checkbox"/> Password Privacy Negligence	<input type="checkbox"/> Tornado
<input type="checkbox"/> Civil Unrest	<input type="checkbox"/> Hall	<input type="checkbox"/> Personnel Unavailable	<input type="checkbox"/> Tsunami
<input type="checkbox"/> Component Failure	<input type="checkbox"/> HAZMAT Release/Spill	<input type="checkbox"/> Power Failure	<input type="checkbox"/> User Negligence
<input type="checkbox"/> Dam Failure	<input type="checkbox"/> Human Health Emergency	<input type="checkbox"/> Sabotage	<input type="checkbox"/> User Sabotage
<input type="checkbox"/> Dust/Debris	<input type="checkbox"/> Hurricane	<input type="checkbox"/> System Intrusion, Break-Ins	<input type="checkbox"/> Vibration
<input type="checkbox"/> Earthquake	<input type="checkbox"/> HVAC Failure	<input type="checkbox"/> System Misconfiguration	<input type="checkbox"/> Volcano
<input type="checkbox"/> Extreme Cold	<input type="checkbox"/> Indoor Humidity	<input type="checkbox"/> System Penetration	<input type="checkbox"/> Water Damage
<input type="checkbox"/> Extreme Heat	<input type="checkbox"/> Landslide	<input type="checkbox"/> System Tampering	<input type="checkbox"/> Winter Weather Hazards

\*If any other risks identified, explain in Tab 8

Based upon the risks identified above, Explain what security controls are being used to mitigate these risks. (Check all that apply)

<input type="checkbox"/> Access Control	<input type="checkbox"/> Configuration Management	<input type="checkbox"/> Media Protection	<input type="checkbox"/> System and Services Acquisition
<input type="checkbox"/> Audit and Accountability	<input type="checkbox"/> Contingency Planning	<input type="checkbox"/> Personnel Security	<input type="checkbox"/> System and Communication Protection
<input type="checkbox"/> Awareness and Training	<input type="checkbox"/> Identification and Authentication	<input type="checkbox"/> Physical and Environmental Protection	<input type="checkbox"/> System and Information Integrity
<input type="checkbox"/> Security Assessment and Authorization	<input type="checkbox"/> Incident Response	<input type="checkbox"/> Risk Assessment	<input type="checkbox"/> Planning <input type="checkbox"/> Maintenance

Answer: (Other Controls) Explain on Tab 8

PIA: PIA Assessment

Based upon NIST 800-60, volume II; List the information data types chosen as a basis for your FIPS 199 System Categorization.

Answer:

**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)

<input type="checkbox"/> The potential impact is <b>high</b> if the loss of availability could be expected to have a severe or catastrophic adverse effect on operations, assets or individuals.
<input type="checkbox"/> The potential impact is <b>moderate</b> if the loss of availability could be expected to have a serious adverse effect on operations, assets or individuals.
<input type="checkbox"/> The potential impact is <b>low</b> if the loss of availability could be expected to have a limited adverse effect on operations, assets or individuals.

**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)

<input type="checkbox"/> The potential impact is <b>high</b> if the loss of integrity could be expected to have a severe or catastrophic adverse effect on operations, assets or individuals.
<input type="checkbox"/> The potential impact is <b>moderate</b> if the loss of integrity could be expected to have a serious adverse effect on operations, assets or individuals.
<input type="checkbox"/> The potential impact is <b>low</b> if the loss of integrity could be expected

	<input type="checkbox"/> to have a limited adverse effect on operations, assets or individuals.
<b>Confidentiality Assessment:</b> If the data being collected has been shared with unauthorized individuals what will the potential impact be upon the system or organization? <b>(Choose One)</b>	<input type="checkbox"/> The potential impact is high if the loss of confidentiality could be expected to have a severe or catastrophic adverse effect on operations, assets or individuals.
	<input type="checkbox"/> The potential impact is moderate if the loss of confidentiality could be expected to have a serious adverse effect on operations, assets or individuals.
	<input type="checkbox"/> The potential impact is low if the loss of confidentiality could be expected to have a limited adverse effect on operations, assets or individuals.

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

(FY 2012) PIA: Additional Comments

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Add any additional comments or information that may have been left out for any question. Please indicate the question you are responding to and then add your comments.

(FY 2012) PIA: Final Signatures

\*Green Highlight = Must Answer Question

Facility Name:	Center for Engineering & Occupational Safety and Health		
Title:	Name:	Phone:	Email:
Privacy Officer:	Laura Stefanowycz	(314) 894-5760 ext. 2	laura.stefanowycz@va.gov
Information Security Officer:	Richard Lemar	Ext. 66391	richard.lemar@va.gov
System Owner/Delegate:	Michael Quinn	(919) 383-7874 x238	michael.quinn@va.gov
Chief Information Officer:	Larry Wolk	(314) 894-6150	larry.wolk@va.gov
Other Titles:	0	0	0
Date of Report:	30-Nov-11		
OMB Unique Project Identifier	029-00-02-00-01-1120-00		
Project Name	FPO > VHA > CEOSH > LAN		

The Signature Process:

- Complete the PIA form.
- Name the PIA Excel FORM ["FY12-Region # - Facility Name - Facility # -Date(mmddyyyy).xls"]
  - Example: "FY12-Region3-Lexington VAMC-596-10302008.xls"
  - Submit the completed PIA Excel form to SMART Database.
- Fix errors the reviewers sent back, rename the file and submit to SMART Database
  - If no errors, convert form into PDF with Nuance PDF Professional.
- Name the PIA PDF form ["FY12-Region #-Facility Name- Facility # -Date(mmddyyyy).xls"]
  - Obtain digital signatures on the "Final Signatures tab"
  - Submit signed PIA PDF form to the SMART Database.