Office of Environmental Information
National Privacy Program
Onsite Review Form for Sensitive Systems and Systems of Records

The Privacy Act of 1974 and the Electronic Government Act (E-Gov) requires agencies to conduct onsite reviews. The laws also requires Agency's to ensure that their systems of records only contain information about an individual that is relevant to support an administrative or mission-related process and that the information is accurate, timely, complete, and relevant. E-Gov requires agencies to limit the collection of personally identifiable information (PII) to only that which is necessary. This review will determine how EPA is complying with these and other requirements governing agency PII collections. The Privacy Officer and Liaison Privacy Officials (LPOs) will work together to ensure that the Agency is properly managing and safeguarding its PII collections.

Name of System:	
SORN Number (if applicable):	
Office:	
System Owner:	
Review Conducted By:	
Date Review Completed:	

Is this an electronic or paper system? Electronic ___ Paper ___ Both ___

I. Please review the system and answer the following questions about the sections identified below:

Have you reviewed the system in its entirety? Yes___ No___

A. Purpose

Does the purpose identified on the Privacy Impact Assessment (PIA) adequately describe why the system is needed? Yes ___ No ___

B. Category of Individuals: [*This section identifies the individuals whose information is collected in the system.*]
1. Are the categories still accurate? Yes ___ No ___ (If **no**, what changes are needed?)

2. Have any new categories been added? (*Are you collecting information on individuals who are not identified?*) Yes ___ No ___

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C. Category of Records: [*This section lists the PII elements contained in the system.]*

   1. What are the adverse consequences, if any, of not collecting the PII?

   2. What are the PII elements?

   3. Are all PII elements accurate? Yes _____ No_____

   4. Are all PII elements still needed? Yes __ No__

   5. Can any of the PII elements be eliminated from future collection activities?
      Yes __ No__   (If **yes**, which elements?)

   6. Sensitive PII

      a. Does this system contain SSNs? Yes __ No__. (If no, go to **"f").**

      b. Are SSNs still being collected? Yes __ No__

      c. Can an alternative identifier be used? Yes __ No__. (If **yes**, how?)

      d. Are there any plans to use an alternative identifier? Yes __ No__. (If **yes**, when?)

      e. Are the SSNs protected from unnecessary disclosure? (e.g., truncated, not displayed)
         Yes_____No_____

      f. Does this system contain medical or financial information about individuals*?*
        Yes _____ No__. If **yes**, which one? Medical, financial or both?

D. Routine Use Disclosures [*This section lists the entities/users with whom the information may be shared.***]**

   1. What are the principal purpose(s) for which the information is intended to be used?

   2. How does the information collected relate to the legal purpose for which the system is developed/maintained?

   3. Are all the external routine uses (sharings) still needed? Yes_____ No_____

   4. If **no**, what routine uses (sharings) can be eliminated?

E. **Is this an Exempted System under the Privacy Act?** Yes_____ No_____
   If **yes:**

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1. Is the rule current, relevant, and up to date? Yes_____ No___

2. What is the Federal Register number and date of the published rule?

F. Is this system remotely accessed? Yes ___No ____

1. Has there been a request for remote access? Yes_____No____

2. How many requests for remote access/transporting sensitive PII offsite
   has been received? _____

3. Was the request form(s) signed and maintained by the SIO? Yes____No___

II. **Forms**
   A. Is a form used to collect information from this system? Yes __ No __

   1.   What is the form number? _____Date of last revision: _____

   2.   Does the form collect SSNs? Yes ___ No ___

   3.   Does the form have a Privacy Act Statement? Yes __ No__

III.   Recordkeeping Practices

   A. What is the record control schedule (RCS) number for the records stored
      in the system? _____

   B. How long are the records kept before they are retired? _____

   C. How long are the records kept before they are destroyed? _____

   D. Is there an automatic function/process that removes or deletes records based on the RCS?
      Yes ___ No___

   E. Is there a manual process for managing the records lifecycle? Yes __ No__
      (If **yes**, explain:)

   F. If there is no automatic or manual function to remove/destroy records, how are the records
      being retired/destroyed?

IV.   Section M (to be completed by OARM/OAM)

   A. How many contracts were reviewed? _____

B. How many contracts require privacy clauses? _____

C. How many contracts have privacy clauses? _____

D. How many contracts do not have privacy clauses? _____

V.   Privacy Violations

A. Number of known and willful disclosures of Privacy Act information to any person not entitled to receive it? _____

B. Number of System of Records maintained without meeting the public notice requirements? _____

C. Number of known and willful incidents requesting or obtaining records under false pretenses? _____

VII.   Computer Matching Programs

A. Does your organization participate in any Computer Matching Programs? Yes___ No__

B. Is the sharing of the data manual? Yes___ No___ (If yes, was an MOU issued?)

C. Is the sharing of the data automated? Yes___ No___ (If yes, was an ISA/CMA issued?)

If any agreements were issued, the Privacy Program will need a copy for our files.

VI.   Privacy Training

A. Has the staff in your office been trained on protection of PII? Yes___ No___

B. When was the last privacy training conducted for your employees?

C. When was the last privacy training conducted for your contractors?

D. Who presented the training?