



CHEMLOCK PROGRAM REQUEST FOR SERVICES INCTD IMENT



1. Paperwork Reduction Act Statement

In accordance with the Paperwork Reduction Act, no one is required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) Control Number. The valid OMB Control Number for this information collection is 1670-NEW. The time required to complete this information collection is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

2. Privacy Notice

Authority: 6 U.S.C. 652(c)(5) (authorizing CISA to provide analyses, expertise, and assessments to critical infrastructure owners and operators upon request) authorizes the collection of this information.

Purpose: This instrument collects information from individuals who request a ChemLock-related service(s).

Routine Use: The Personally Identifiable Information (PII) you provide will be used by and disclosed to DHS personnel, contractors, or other agents, including but not limited to other Federal, state, and local officials; and used to contact the submitter and conduct any administrative follow up actions required to administer the ChemLock program.

Disclosure: Providing this information is **voluntary**. However, failure to provide any of the information requested may limit participation in the program and access to related services.

3. ChemLock Program Request for Services

This instrument collects information when a facility registers with the ChemLock program and requests a ChemLock Service. This instrument uses verbal conversation, emails, text fields, selection from a drop down menu, check boxes or similar means to collect the following or similar information.

Facility and Facility Contact Information

- Facility Name
- Facility Address
- Physical address
- Parent Company(ies)



- Point of Contact information, including name and position/job title of Point(s) of Contact
- Telephone Number
- Number of employees
- Industry type
- Number and type of previous ChemLock service requests
- Has this facility now or previously registered with the CFATS program, or does the owning company have any other current or historic CFATS-registered facilities?
 - If yes, please include CFATS Facility Identification Number or notification code
- Membership in a trade organization
- Whether the facility is a member of any ChemLock incentives program, and/or is interested in joining any ChemLock incentives program
- Describe your chemical holdings including the following:
 - Name(s) of dangerous chemical(s) held
 - Chemical Abstract Service (CAS) Registry Number(s) of dangerous chemical(s)
 - Process for use, sale, storage, handling, shipping, receipt, and disposal of dangerous chemical(s) (as applicable)
- What NAICS Codes does the facility fall under
- What Critical Sector does the facility operate within
- Is the facility Co-Located
- Does the facility qualify as a Small Business

Service Information

- Service requested: choose from one of the listed categories: (Note: If on-site security consultation or Exercises is chosen, additional Y/N questions related to the level of exercise desired and their current security plans require answers)
- How did you hear of ChemLock and/or this service?
- Date of Request