

PERSONNEL SCREENING AND EVALUATION RECORD

For use of this form, see AR 50-1; the proponent agency is DCS, G-3/5/7.

PRIVACY ACT STATEMENT OF 1974

AUTHORITY: Internal Security Act of 1950 (*Pub L. 81-831*), 5 U.S.C., 301, 10 U.S.C., 3013, E.O. 9397 and records will be maintained under file #640-10b and 690-200a.

PRINCIPAL PURPOSE: To evaluate the qualifications and suitability of an individual for assignment to certain sensitive duties under the nuclear/chemical/biological personnel reliability program.

ROUTINE USES: The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notices also apply to this system.

DISCLOSURE: Voluntary. However, failure to provide all or part of the requested information may result in non-selection for duties under the personnel reliability program.

PART I - INITIAL INTERVIEW

A. NAME OF INDIVIDUAL (<i>Last, First, MI</i>)	B. ORGANIZATION	C. JOB TITLE	D. SSN
E. I <input type="checkbox"/> do <input type="checkbox"/> do not object to PRP screening requirements. _____			(<i>Individual's initials</i>)
F. SCREEN FOR <input type="checkbox"/> Biological PRP <input type="checkbox"/> Chemical PRP <input type="checkbox"/> Nuclear PRP			
G. NAME OF INTERVIEWER	H. SIGNATURE	I. DATE (YYYYMMDD)	

PART IIa - PERSONNEL RECORDS SCREENING

A. Potentially Disqualifying Information (<i>PDI</i>) was <input type="checkbox"/> found and forwarded to certifying official <input type="checkbox"/> not found			
B. NAME OF SCREENING OFFICIAL	C. SIGNATURE	D. DATE (YYYYMMDD)	

PART IIb - PERSONNEL SECURITY RECORDS SCREENING

A. Local records Potentially Disqualifying Information (<i>PDI</i>) was <input type="checkbox"/> found and forwarded to certifying official <input type="checkbox"/> not found			
B. Personnel Security Investigation (<i>PSI</i>): completed on _____		Type (<i>NACLC, ANACI, SSBI, etc.</i>) _____	
<input type="checkbox"/> Favorably adjudicated <input type="checkbox"/> Dossier review required		DATE (YYYYMMDD)	
C. <i>PSI</i> request or reinvestigation (<i>If required</i>): submitted on _____		Type (<i>NACLC, ANACI, SSBI, etc.</i>) _____	
DATE (YYYYMMDD)			
D. SECURITY CLEARANCE: <input type="checkbox"/> None <input type="checkbox"/> Confidential <input type="checkbox"/> Secret <input type="checkbox"/> Top Secret			
E. NAME OF SCREENING OFFICIAL	F. SIGNATURE	G. DATE (YYYYMMDD)	

PART III - MEDICAL RECORDS SCREENING

A. Potentially Disqualifying Information (<i>PDI</i>) was <input type="checkbox"/> found and forwarded to certifying official <input type="checkbox"/> not found			
B. NAME OF SCREENING OFFICIAL	C. SIGNATURE	D. DATE (YYYYMMDD)	
E. RESCREENING (<i>if required</i>) - <i>PDI</i> was <input type="checkbox"/> found and forwarded to certifying official <input type="checkbox"/> not found			
F. NAME OF SCREENING OFFICIAL	G. SIGNATURE	H. DATE (YYYYMMDD)	

PART IV - DRUG TESTING/SCREENING

A. SPECIMEN COLLECTED ON _____ Test results were <input type="checkbox"/> forwarded to certifying official or <input type="checkbox"/> certified negative			
DATE (YYYYMMDD)			
B. NAME OF OFFICIAL	C. SIGNATURE	D. DATE (YYYYMMDD)	
E. ADDITIONAL SCREENING (<i>If required</i>): Specimen collected on _____ Test results were <input type="checkbox"/> forwarded to certifying official or <input type="checkbox"/> certified negative			
DATE (YYYYMMDD)			
F. NAME OF OFFICIAL	G. SIGNATURE	H. DATE (YYYYMMDD)	

