



For AU Support Use ONLY	
Homegroup:	User ID:
Contr. Code:	Password:
CAIRS Code:	
CAIRS PASSWORD:	
AU-23 Recordkeeping Program Manager:	

COMPUTERIZED ACCIDENT/INCIDENT REPORTING SYSTEM

AU Support Helpline 301-903-8358 • 1-800-473-4375

Internet: AUUserSupport@Hq.Doe.Gov

Recordkeeping and Reporting Web Page:

<http://energy.gov/ehss/downloads/injury-and-illness-reporting-guide>

REGISTRATION FORM

User Registration for (Circle one or both):

CAIRS

CAIRS DATA ENTRY

Completed registration request should be sent by facsimile to AU Support at (301) 903-9823

(Type or Print)

1. Name _____ Birth date _____ / _____
(Last) (First) (Middle Initial) (Month) (Day)

2. Job title _____

3. Company name _____

4. Address _____ Mail stop _____

City _____ State _____ Zip _____

5. Work phone _____ Work fax _____

6. Internet e-mail address (e.g. AUUserSupport@Hq.Doe.Gov) _____

7. USA citizenship (check one) Yes No (foreign nationals are screened by DOE before it grants access to its computer system)

8. Check the box that applies: New User Update User User Replacement Delete User

9. Computer security: Indicate by your signature on the line below that you have read, understand, and will comply with the following:

- A. I understand that using DOE computer systems, products, services, or equipment for personal use constitutes misuse/non-official use of Government property.
- B. I understand that all computer files are subject to review for the purpose of ensuring Official Use Only of Government property.
- C. I understand that I am responsible for protecting my assigned password for confidentiality. Sharing my password with anyone else is a security infraction and may result in my system access being revoked.
- D. I understand that there is a potential for Unclassified Sensitive and Privacy Act information being contained in the computer system and that such information must be protected from unauthorized access and disclosure as required by DOE Order.
- E. I understand that information obtained from CAIRS may contain Unclassified Controlled Nuclear Information (UCNI). Access to UCNI requires a "need to know" per DOE Order.
- F. I understand that users failing to comply with the computer security policies described herein may be subject to disciplinary action.

User Signature: _____ Date: _____

Manager's Name: _____ Manager's Signature: _____ Date: _____

CAIRS

Organization(s) for which you have CAIRS data entry authority. (Use additional paper if necessary)	Organization Code	A - Add D - Delete

Manager's Name (please print) _____

Manager's Title _____

Manager's Signature _____ Date _____