

## Department of Energy Information Protection Task Force - SSN Reduction Project Baseline Inventory

|          | 1. Departmental<br>Element | 2. System Name/<br>Major Application<br>Name | 3. Location                                      | 4. Name of System Owner/<br>Information or Data Owner | 5. Contact Information                           | 6. Does the system collect or maintain Social Security numbers? | 7. Source of Legal<br>Requirement/Authority to<br>Collect or Maintain Social<br>Security Numbers? | 8. Does the s<br>have a Privacy<br>Assessment    | hasystem Figure (in the control of t | Does the system have a System of Records Notice (SORN)? If yes, ovide the name of the System of Records Notice. | 10. Does the<br>system collect or<br>maintain other<br>forms of PII? | Comments |
|----------|----------------------------|--|--|---|--|---|---|--|--|---|--|----------|
| SAMPLE   | MA                         | Health System                                | Forrestal 1G-040                                 | Jane Q. Public  | jqpublic@hq.doe.gov;<br>(202) 586-5555           | Yes   | Executive Order 1234XYZ   | Yes  |  | No  | Yes  |          |
| 1        |                            | .,   | \  |   | (202) 586-5555                                   |   |   |  |  |   | -  |          |
| 2        |                            |  | \  |   | \  |   |   |  |  |   |  |          |
| 3        |                            |  |  |   |  |   |   |  |  |   |  |          |
| 5        |                            |  | <b>-</b>   |   | <u> </u>   |   |   | <del>                                     </del> |  | -   |  |          |
| 6        |                            |  | <del>                                     </del> |   | <del>                                     </del> |   |   | <del>                                     </del> |  | 1   |  |          |
| 7        |                            |  |  |   |  |   |   |  |  |   |  |          |
| 8        |                            |  | \  |   |  |   |   |  |  |   |  |          |
| 9        |                            |  | \  |   |  |   |   | <b>—</b> \                                       |  |   |  |          |
| 10<br>11 |                            |  | <del>                                     </del> |   | \  |   |   | <del>                                     </del> |  | +   |  |          |
| 12       |                            |  | \ .  | †   | <u> </u>   |   |   | <u> </u>   |  |   |  |          |
| 13       |                            |  |  | If the System Owner ha                                |  |   | or use of SSNs must b   | e to   |  |   |  |          |
| 14       |                            |  |  | an Information/data Ow                                | ner, please                                      |   | stated purpose of the   |  |  |   |  |          |
| 15<br>16 | Diagonal                   | ddanaa an Defect                             |  | indicate and add that in                              | formation on                                     | Department re   | equired by statute, regu  | lation, —  |  | -   |  |          |
| 17       |                            | uidance on Defini                            |  | a separate line.                                      |  | Executive Ord   | ler or DOE Directive.   |  |  | +   |  |          |
| 18       |                            | ystem for the Bas                            | eline  |   |  |   |   |  |  |   |  |          |
| 19       |                            | vided on the Priva                           |  |   |  | Enter the sour  | rce (e.g. E.O. 12345) or  | . "  |  |   |  |          |
| 20<br>21 | Please also ir             | ndicate if the syste                         | em is  |   |  |   | ems that collect or mai   |  |  | }   | -  |          |
| 21       | hosted on a G              | Seneral Support S                            | system and                                       |   |  |   |   |  |  | 1   |  |          |
| 23       |                            | ame of the GSS.                              |  |   |  | SSNs. Enter N/A for systems that do not                         |   |  |  |   |  |          |
| 24       |                            |  |  |   |  | collect or mair   | ntain SSNs.   |  |  |   |  |          |
| 25       |                            |  |  |   |  |   |   |  |  |   |  |          |
| 26<br>27 |                            |  |  |   |  |   |   |  |  |   |  |          |
| 28       | -                          |  |  |   |  |   |   | _  |  |   | -  |          |
| 29       |                            |  |  |   |  |   |   |  |  |   |  |          |
| 30       |                            |  |  |   |  |   |   |  |  |   |  |          |
| 31       |                            |  |  |   |  |   |   | -  |  |   |  |          |
| 32<br>33 |                            |  |  |   |  |   |   | +  |  | +   |  |          |
| 34       |                            |  |  |   |  |   |   | <b>-</b>   |  | +   |  |          |
| 35       |                            |  |  |   |  |   |   |  |  |   |  |          |
| 36       |                            |  |  |   |  |   |   |  |  |   |  |          |
| 37       |                            |  |  |   |  |   |   | <b>.</b>   |  | }   | -  |          |
| 38<br>39 |                            |  |  | <del> </del>  |  |   |   | 1  | -  |   |  |          |
| งซ       |                            |  | l  | 1   |  |   | l   | 1  |  |   |  |          |