

The background features a repeating pattern of chemical structures, including benzene rings and various functional groups, rendered in a light green color against a dark blue gradient background.

2021

CHEMICAL SECURITY SEMINARS

December 15, 2021

#ChemicalSecurity

CHEMICAL SECURITY SEMINARS

CFATS Personnel Surety Program Overview and Demonstration

Zeina Azar

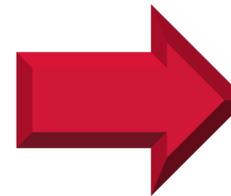
**Section Chief
Standardization and Evaluation Section
Compliance Branch
CISA Chemical Security**



#ChemicalSecurity

What Is the Personnel Surety Program?

- Risk-Based Performance Standards (RBPS) 12 – Personnel Surety requires facilities to perform four types of background checks on affected individuals.
- RBPS 12(iv), screening for terrorist ties, applies to all CFATS-covered facilities Tiers 1-4.



4 Options

Option 1

**Direct Vetting
Through CSAT**



Option 2

**Verify Existing
Credential**



Option 3

**Electronic
Verification
Via TWIC
Reader**



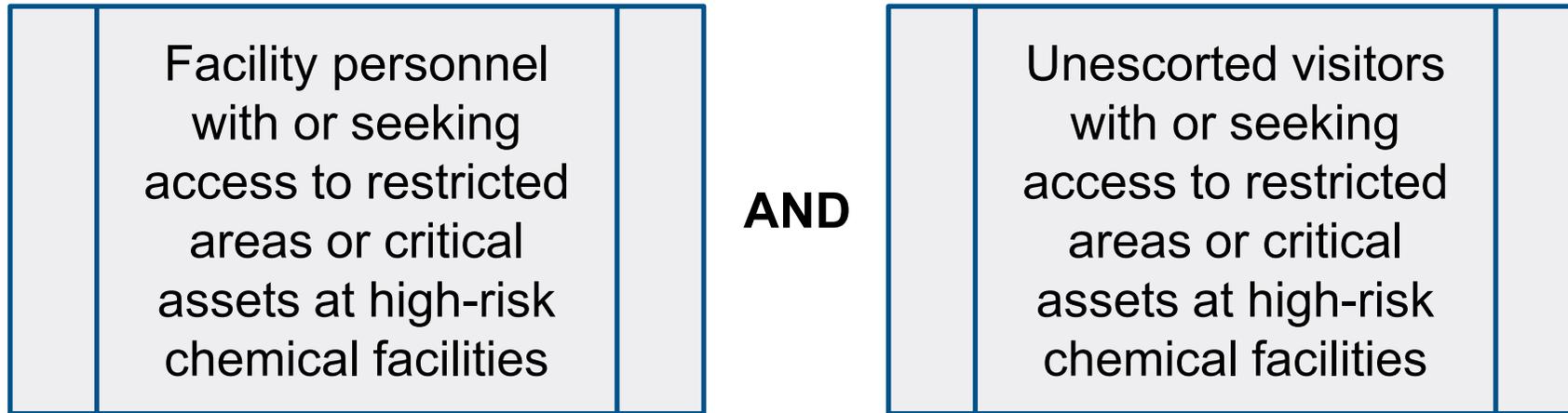
Option 4

**Visual
Verification Of
Existing
Credential**



As a Reminder: Affected Individuals

- Affected individuals are:



- High-risk facilities may classify particular contractors or categories of contractors either as “facility personnel” or as “visitors.”
 - This determination should be facility-specific and based on facility security, operational requirements, and business practices.



Flexibility When Implementing

- Facilities can tailor their Site Security Plans (SSPs)/Alternative Security Programs (ASPs) to best balance who qualifies as an affected individual based upon unique security issues, cost, and burden.
- **Facilities have the flexibility to:**
 - Establish restrictions on who can access restricted areas and critical assets
 - Choose to escort visitors to restricted areas and critical assets in lieu of performing the background checks required by RBPS 12
 - Perform traditional escorting
 - Choose video escorting



PSP Application



Personnel Surety Program Application

- Within the PSP application, a covered chemical facility can:
 - Submit information about an affected individual under Option 1 for vetting against the Terrorism Screening Database (TSDB)

OR

- Under Option 2 for electronic verification of an affected individual's enrollment in:
 - Transportation Worker Identification Credential (TWIC)
 - Hazardous Materials Endorsement (HME)
 - Trusted Traveler Programs:
 - NEXUS
 - Free and Secure Trade (FAST)
 - Global Entry
 - Secure Electronic Network for Travelers Rapid Inspection (SENTRI)



CSAT PSP Roles

CSAT PSP User Role	Description
Authorizer	<ul style="list-style-type: none">▶ Create/manage groups▶ Assign PSP Submitters and manage existing PSP Submitters▶ View, edit, and input affected individuals' information under Option 1 or Option 2▶ Create/manage User Defined Fields (UDF)
PSP Submitter	<ul style="list-style-type: none">▶ The PSP Submitter role is assigned by the Authorizer.▶ View, edit, and input affected individuals' information under Option 1 or Option 2.▶ Individuals that may be assigned to the PSP Submitter role include:<ul style="list-style-type: none">▶ An employee of the covered chemical facility▶ An employee or contractor of a corporation who owns the covered chemical facility▶ A third-party contractor performing work on behalf of the covered chemical facility

Groups

- Authorizers can manage access to records about affected individuals by creating groups and then assigning PSP Submitters to groups.
 - Multiple PSP Submitters can be assigned to each group.
 - Each group created must have at least one PSP Submitter assigned to it.
 - Any PSP Submitter assigned to a group may view all records about affected individuals within that group.
 - A PSP Submitter may only be assigned to one group.
 - A record about an affected individual may only be associated with one group within a single Authorizer's purview.



Groups (cont.)

- When the Agency grants the Authorizer access to the PSP application, a “default” group labeled “*Corporation*” is established.
- Additional groups may be created but are not required.
- An Authorizer may want to create additional groups to manage contracts, divisions, branches or other sets of affected individuals to segregate information from all PSP submitters.



User Defined Fields

- Authorizers and Administrators can create user defined fields.
- Facilities may want to consider user defined fields to sort information by:
 - Facility ID
 - Name
 - Location
 - Individual type (i.e., employee, contractor, visitor)



CFATS Personnel Surety Program (PSP) Tool Demonstration



CSAT DEMO

Q3.50.330 Personnel Surety Program Options

Select which option(s) the facility will utilize to submit information about affected individuals.

- Option 1
- Option 2
- Option 3
- Option 4
- Other

The screenshot displays the CSAT interface. At the top left is the Department of Homeland Security logo and the text "Homeland Security CSAT 2.0 Chemical Security Assessment Tool". At the top right, it shows the user "ZEINA.AZAR" with a "Logout" link, "Current Authorizer: Zeina Azar", and "OMB No. 1670-0007 Expiration Date: March 31, 2020". Below this is a navigation bar with "Home", "My Facilities", "User Management", "Personnel Surety Program" (highlighted), and "Help". A search bar is on the right. The main content area is titled "Search Affected Individuals" and contains several search filters: "Last Name", "First Name", "Option" (dropdown), "Status" (dropdown), "Submitted By" (dropdown), "Group" (dropdown), "Gender" (dropdown), "Birth Year" (dropdown), and "User Defined Field" (dropdown). "Reset" and "Filter" buttons are at the bottom left.

900002039 - Azar Demo Facility Alpha

Tier: 1

Status: Pending Tier

Facility Details



798 US-90, Pensacola, FL 32503

Ownership

no data found

Security Officers

no data found

Number of Employees

No employee number information available.

[View More/Edit](#)

Surveys in Progress

Survey ID	Type	Due Date	Status	Last Survey Access	
4056911	SVA/SSP	2019-03-07	Past Due	2020-12-02 14:11:01	Return to Survey Request Extension
4057149	Top-Screen	2020-02-02	Past Due	2020-06-24 14:26:26	Return to Survey Request Extension Cancel Update

row(s) 1 - 2 of 2

Letters Awaiting Acknowledgement

No letters are awaiting acknowledgement.

Upcoming Facility Visits

No upcoming facility visits.

Facility Users

Authorizer

Zeina Azar
zeina.azar@hq.dhs.gov
(202) 510-4885
1 Test Lane
Washington, DC 11111
Last Portal Login: 2020-12-08 15:06:08

Submitter

[Change](#)

Zeina Azar
zeina.azar@hq.dhs.gov
(202) 510-4885
1 Test Lane
Washington, DC 11111
Last Survey Login: 2020-12-02 14:11:01

Preparers

[Add/Delete](#)

Zeina Azar
zeina.azar@hq.dhs.gov
(202) 510-4885
Last Survey Login: 2020-12-02 14:11:01

Reviewers

[Add/Delete](#)



- Tiered COIs
- COI Use
- Critical Assets
- COI Association
- Vulnerability Assessment
- SSP Options
- Detection
- Delay
- Response
- Cyber
- Security Management**
- System Inspection, Testing, and Monitoring
- Training
- Personnel Surety
- Reporting Significant Security Incidents
- Investigating Significant Security Incidents
- Officials and Organizations
- Records
- Planned Measures
- Proposed Measures
- Optional Supporting Documentation
- Validate and Submit
- User Manual
- Instructions

Security Management

Below are the Security Management subsections, which are also available via the left hand navigation menu.

- System Inspection, Testing, and Monitoring
- Training
- Personnel Surety
- Reporting Significant Security Incidents
- Investigating Significant Security Incidents
- Officials and Organizations
- Records
- Planned Measures
- Proposed Measures



- Tiered COIs
- COI Use
- Critical Assets
- COI Association
- Vulnerability Assessment
- SSP Options
- Detection
- Delay
- Response
- Cyber
- Security Management
- System Inspection, Testing, and Monitoring
- Training
- Personnel Surety**
- Reporting Significant Security Incidents
- Investigating Significant Security Incidents
- Officials and Organizations
- Records
- Planned Measures
- Proposed Measures
- Optional Supporting Documentation
- Validate and Submit
- User Manual
- Instructions

Q3.50.320 Types of Affected Individuals

Specify the types of affected individuals that the facility has.

- Facility personnel (e.g. employees, contractors¹) with access to the restricted areas or critical assets
- Visitors with unescorted access to the restricted areas or critical assets

Additional Information

4,000 characters left

¹High-risk facilities may classify particular contractors or categories of contractors either as "facility personnel" or as "visitors."

Q3.50.330 Personnel Surety Program Options

Select which option(s) the facility will utilize to submit information about affected individuals.

- Option 1
- Option 2
- Option 3
- Option 4
- Other

Q3.50.340 Personnel Surety Program Assertions

Select "Yes" or "No" for all acknowledgements related to the Risk-Based Performance Standard (RBPS) 12(iv) - screening for terrorist ties:

Acknowledgement	Yes	No
Facility has designated and trained an individual or individual(s) (to include third parties) responsible for RBPS 12(iv).	<input type="radio"/>	<input type="radio"/>
Facility certifies that all affected individuals will be covered by one or more of the options listed above, and the facility will comply with RBPS 12(iv).	<input type="radio"/>	<input type="radio"/>
Facility has identified how it will safeguard information about affected individuals that is obtained from the CSAT Personnel Surety Program application.	<input type="radio"/>	<input type="radio"/>
Facility certifies that it will comply with the timeframe required for the implementation of the CFATS RBPS 12(iv) Personnel Surety Program, according to their facility's Tier level.	<input type="radio"/>	<input type="radio"/>

Q3.50.350 Option 1 Affirmation

Select "Yes" or "No" to indicate whether or not the facility affirms that notice has been or will be provided to the affected individuals whose information is being submitted under Option 1 which (1) notifies those individuals that their information is being submitted to DHS for vetting against the Terrorist Screening Database, and in some cases additional information may be requested and submitted in order to resolve a potential match; (2) instructs those individuals how to access their information; (3) instructs those individuals how to correct their information; and (4) instructs those individuals on procedures available to them for redress if they believe their information has been improperly matched by the Department to information contained in the Terrorist Screening Database.

Yes

No

Provide additional comments/descriptions of this notice and how it will be provided to affected individuals.

4,000 characters left

Q3.50.360 Option 1 - Notification to DHS

Does the facility plan to notify DHS via the CSAT Personnel Surety Program Application when an affected individual no longer has access to restricted areas or critical assets?

Yes

No

Additional Information

4,000 characters left

Q3.50.530 Option 4 - Visual Verification of Credentials

Select each of the below which are utilized to visually verify credentials or documents accepted under visual verification.

- Comparing a picture on the credential or document to the affected individual in possession of the credential or document.
- Comparing any physical characteristics listed on the credential or document (e.g. height, hair color, eye color) with the physical appearance of the affected individual in possession of the document or credential.
- Checking for tampering.
- Reviewing both sides of the credential or document and checking for the appropriate stock/credential material.
- Checking for an expiration date.
- Checking for any insignia, watermark, hologram, signature or other unique feature.

Describe:

4,000 characters left

Q3.50.540 Option 4 - Procedures if Unable to Visually Verify Credentials

What will the facility do if it is unable to visually verify an affected individual's credential or document, the credential or document fails visual verification, or the credential or document appears invalid, expired, or fraudulent?

4,000 characters left

Add Users

First Name Last Name Email

Pending Users

No Pending Users Found.

Search Users

Search

Users

Display 5

row(s) 1 - 3 of 3

Delete	View	First Name	Last Name	Username	E-mail	Last Portal Login	PSP Submitter Access	PSP Submitter Access Group	Status	Account Locked?	Administrator	Administrator
X	Q	Adam	Bengston	adam.bengston	bengstonas@ornl.gov	2020-04-02 11:42:59	CORPORATION (EMPLOYE	Enabled	No	<input type="checkbox"/>		
X	Q	Kelly	Murray	kelly.murray	kelly.murray@hq.dhs.gov	2019-09-23 13:14:50	CORPORATION (EMPLOYE	Enabled	No	<input type="checkbox"/>		
X	Q	Regina	Bell	regina.bell	regina.bell@cisa.dhs.gov	2020-02-19 13:37:38	No PSP Access	Enabled	No	<input type="checkbox"/>		

[Export User List](#)

Search Users

Search

Reset

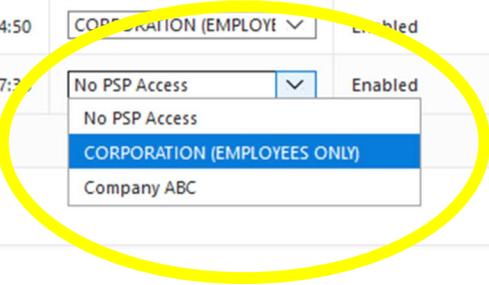
Filter

Users

Display 5

row(s) 1 - 3 of 3

Delete	View	First Name	Last Name	Username	E-mail	Last Portal Login	PSP Submitter Access	PSP Submitter Access Group	Status	Account Locked?	Administrator	Administrat
X	🔍	Adam	Bengston	adam.bengston	bengstonas@ornl.gov	2020-04-02 11:42:59	CORPORATION (EMPLOYE	Enabled	No	<input type="checkbox"/>		
X	🔍	Kelly	Murray	kelly.murray	kelly.murray@hq.dhs.gov	2019-09-23 13:14:50	CORPORATION (EMPLOYE	Enabled	No	<input type="checkbox"/>		
X	🔍	Regina	Bell	regina.bell	regina.bell@cisa.dhs.gov	2020-02-19 13:37:3	No PSP Access	Enabled	No	<input type="checkbox"/>		



Export User List

row(s) 1 - 3 of 3

Create Group

Group Name

Description

Save

Cancel



Type here to search



Create Group

Group Name

Description

Save

Cancel

Groups

Display

5

row(s) 1 - 2 of 2

Delete	Edit	Merge	Group name ↑≡	Description	Number of Submitters	Affected Individuals Submitted by Group
			CORPORATION (EMPLOYEES ONLY)	For Submitters that are Employees of the Corporation	2	7
			Company ABC	Company ABC	0	0

row(s) 1 - 2 of 2

Search Affected Individuals

Last Name
 First Name
 --Select an Option-- Option
 --Select a Status-- Status

--Select a Name-- Submitted By
 --Select a Group-- Group
 --Select a Gender-- Gender
 --Select a Year-- Birth Year

--Select a User Defined Field-- User Defined Field

Affected Individuals

Display 15 [Download bulk upload template here XLS XL](#)

row(s) 1 - 7 of 7

<input type="checkbox"/> Select All	View/Edit	Last Name	First Name	Gender	Birth Year	Group	Option	Status	Submitted by	Submission Date
<input type="checkbox"/>		Lambeau	Rae	Female	1979	CORPORATION (EMPLOYEES ONLY)	Option 2	Verification Pending	zeina.azar	11/09/2018
<input type="checkbox"/>		McGraw	Kim	Female	1990	CORPORATION (EMPLOYEES ONLY)	Option 1	Submitted	zeina.azar	11/09/2018
<input type="checkbox"/>		Pie	Apple	Female	1990	CORPORATION (EMPLOYEES ONLY)	Option 1	Submitted	zeina.azar	02/06/2020
<input type="checkbox"/>		Spears	Justin	Male	1989	CORPORATION (EMPLOYEES ONLY)	Option 1	Submitted	zeina.azar	11/08/2018
<input type="checkbox"/>		Test	Name		1994	CORPORATION (EMPLOYEES ONLY)	Option 1	Submitted	zeina.azar	05/30/2019
<input type="checkbox"/>		Timberlake	Kelly	Female	1987	CORPORATION (EMPLOYEES ONLY)	Option 1	Submitted	zeina.azar	11/09/2018
<input type="checkbox"/>		test	name		2001	CORPORATION (EMPLOYEES ONLY)	Option 1	Submitted	zeina.azar	02/28/2020

row(s) 1 - 7 of 7

Search Affected Individuals

Last Name <input type="text"/>	First Name <input type="text"/>	Option <input type="text" value="--Select an Option--"/>	Status <input type="text" value="--Select a Status--"/>
Submitted By <input type="text" value="--Select a Name--"/>	Group <input type="text" value="--Select a Group--"/> CORPORATION (EMPLOYEES ONLY) Company ABC	Gender <input type="text" value="--Select a Gender--"/>	Birth Year <input type="text" value="--Select a Year--"/>
User Defined Field <input type="text" value="--Select a User Defined Field--"/>			

Affected Individuals

Affected Individuals

Display 15

row(s) 1 - 7 of 7

<input type="checkbox"/> Select All	View/Edit	Last Name	First Name	Gender	Birth Year	Group	Option	Status	Submitted by	Submission Date
<input type="checkbox"/>		Lambeau	Rae	Female	1979	CORPORATION (EMPLOYEES ONLY)	Option 2	Verification Pending	zeina.azar	11/09/2018
<input type="checkbox"/>		McGraw	Kim	Female	1990	CORPORATION (EMPLOYEES ONLY)	Option 1	Submitted	zeina.azar	11/09/2018
<input type="checkbox"/>		Pie	Apple	Female	1990	CORPORATION (EMPLOYEES ONLY)	Option 1	Submitted	zeina.azar	02/06/2020
<input type="checkbox"/>		Spears	Justin	Male	1989	CORPORATION (EMPLOYEES ONLY)	Option 1	Submitted	zeina.azar	11/08/2018
<input type="checkbox"/>		Test	Name		1994	CORPORATION (EMPLOYEES ONLY)	Option 1	Submitted	zeina.azar	05/30/2019
<input type="checkbox"/>		Timberlake	Kelly	Female	1987	CORPORATION (EMPLOYEES ONLY)	Option 1	Submitted	zeina.azar	11/09/2018
<input type="checkbox"/>		test	name		2001	CORPORATION (EMPLOYEES ONLY)	Option 1	Submitted	zeina.azar	02/28/2020

[Add Individual](#) [Bulk Upload](#)

[Download bulk upload template here XLS XLSX](#)

[Remove Individual\(s\)](#) [Export to PDF](#)

Create User Defined Field

Name

Description



User Defined Fields are provided for storing any information desired by the facility (e.g., employee ID number, employee/contractor status, etc.) to manage the exchange of electronic records between a high-risk chemical facility's information systems and the CSAT Personnel Surety application. The Department strongly discourages the use of an affected individual's Social Security Number to manage the exchange of electronic records between a high-risk chemical facility's information systems and the CSAT Personnel Surety application.

User Defined Field

row(s) 1 - 3 of 3

<u>Remove / Edit</u>	<u>Field ID #</u>	<u>Name</u>	<u>Description</u>
	134821	Facility	Facility employee
	134841	Test	
	134842	Test 2	

row(s) 1 - 3 of 3

Affected Individual Record Enrollment Option Selection

Option 1. Input a record to directly vet an affected individual against identifying information of known or suspected terrorists contained in the Terrorist Screening Database (TSDB).

Option 2A. Input a record to verify enrollment of an affected individual in the Transportation Worker Identification Credential (TWIC) Program.

Revert to Option 1 -- Select this checkbox if you would like the Department to automatically submit an affected individual's record under Option 1, when the Department is no longer able to verify an affected individual that was previously submitted and verified under Option 2.

Option 2B. Input a record to verify enrollment of an affected individual in the Hazardous Material Endorsement (HME) Program.

Option 2C. Input a record to verify enrollment of an affected individual in the Trusted Traveler Programs, which includes:

- NEXUS
- Free and Secure Trade (FAST)
- Global Entry
- Secure Electronic Network for Travelers Rapid Inspection (SENTRI)



Verifying an affected individual's enrollment in the TWIC Program, HME Program or one of the Trusted Traveler Programs is optional. If it is administratively easier for a high-risk chemical do so.

Option 2A - Information Necessary to Identify Individuals with TWIC



An asterisk (*) beside a field indicates that an entry is required in the field.

Personal Information

* Last Name:

* First Name:

Middle Name:

Suffix:

* Date of Birth:

Gender/Citizenship Information



If the affected individual is a U.S. Person (U.S. Citizens and Nationals as well as U.S. lawful permanent residents) you must provide Country of Citizenship or Gender.
If the affected individual is NOT a U.S. Person, you must provide Country of Citizenship and Alien Registration Number or Passport Information.

* Country of Citizenship:

Alien Registration Number:

OR

* Gender:

TWIC Information (Required)

* TWIC Serial Number:

* Expiration Date Displayed on TWIC:

Bulk Upload

Select File No file selected.

[Download bulk upload template here XLS XLSX](#)

Results Summary

Number of Affected Individuals:	
Added Option 1	0
Added Option 2	0
Duplicates Found	0
Total Number of Errors Found	3
Number of Errors Displayed	3
Number of Errors Not Displayed	0

Errors Found

 Affected Individuals will not be submitted until the errors are corrected and you click the submit button.

Remove All		Full Name of Affected Individual				Alias Associated with Affected Individual				Date & Place of Birth of Affected Individual				Physical Description	Citizenship	Passport Info (Non-U.S. Citizen)		
Remove	Submit	Last Name	First Name	Middle Name	Suffix	Alias Last Name	Alias First Name	Alias Middle Name	Alias Suffix	Date of Birth	City	County	State	Country	Gender	Country	Passport Country	Passport Num
		<input type="text" value="Doe"/>	<input type="text" value="Sarah"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="08/23/85"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
		<input type="text" value="Johnson"/>	<input type="text" value="Michael"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="M"/>	<input type="text" value="United States"/>	<input type="text"/>	<input type="text"/>
		<input type="text" value="Smith"/>	<input type="text" value="Mark"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The date must match mm/dd/yyyy format.

Personnel Surety Program Resources

- PSP webpage: cisa.gov/cfats-personnel-surety-program
- PSP Toolkit: cisa.gov/publication/cfats-bsp-toolkit
 - Sample Questions and Answers
 - Bulk Upload Spreadsheet
 - Privacy Notice
- Fact Sheet: cisa.gov/publication/cfats-personnel-surety-program-fact-sheet
- Video Demo: youtube.com/watch?v=e2oHAKBrMxA
- Notice of Implementation: federalregister.gov/d/2019-14591



Available Resources



Outreach: CISA outreach for CFATS is a continuous effort to educate stakeholders on the program.

- ▶ To request a CFATS presentation or a CAV, submit a request through the program website cisa.gov/cfats or email CISA at CFATS@hq.dhs.gov.



CSAT Help Desk: Direct questions about the CFATS program to the CSAT Help Desk.

- ▶ Hours of Operation are Mon. – Fri. 8:30 AM – 5:00 PM (ET)
- ▶ CSAT Help Desk toll-free number 1-866-323-2957
- ▶ CSAT Help Desk email address csat@dhs.gov



CFATS Website: For CFATS Frequently Asked Questions (FAQs), CVI training, and other useful CFATS-related information, please go to cisa.gov/cfats.

CFATS Knowledge Center: For CFATS Frequently Asked Questions (FAQs) and other resources, please go to csat-help.dhs.gov.

