

**Privacy Act Notice**

**Authority:** 49 U.S.C. 114 authorizes the collection of this information.

**Purpose:** The Risk Self Assessment Tool (RSAT) is a secure, Web-based application designed to assist managers of commercial facilities with the identification and management of security vulnerabilities to reduce risk to their facilities. The RSAT application was developed in partnership with the Department of Homeland Security (DHS) Office of Infrastructure Protection's Sector Specific Agency Executive Management Office and the Infrastructure Information Collection Division.

The RSAT application uses facility input in combination with threat and consequence estimates to conduct a comprehensive risk assessment and provides users with options for consideration on improving the security posture of their facility.

**Routine Uses:** The information will be used by and disclosed to DHS personnel and contractors or other agents who need the information to assist in activities related to identifying and assessing the vulnerabilities and risks pertaining to a specific public assembly venue, such as a stadium or arena, owner-operators and/or security managers often volunteer to conduct an R-SAT assessment. The requested questionnaire information is necessary in order to facilitate electronic execution of the Commercial Facilities Sector's risk assessment to focus protection resources and activities on those assets, systems, networks, and functions with the highest risk profiles. Currently, there is no known data collection that includes multiple facilities within the Commercial Facilities Sector.

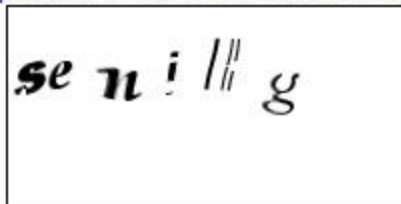
**Disclosure:** Furnishing this information is voluntary; however, failure to furnish the requested information may delay or prevent the completion of your self assessment. The RSAT relative security analysis and suggested areas for review report cannot be generated unless the requested information is provided.

**OMB No:** 1670-NEW **Expiration Date:** MM/DD/YYYY

**Paperwork Reduction Act:** The public reporting burden to complete this information collection is estimated at 40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and the completing and reviewing the collected information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number and expiration date. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to DHS's Commercial Facilities Sector Specific Agency representatives at [CFSTeam@hq.dhs.gov](mailto:CFSTeam@hq.dhs.gov).

DHS Form No.

To continue, please enter the letters that are in the image below:



[I cannot determine which letters appear in this image.](#)

**Begin »**



## Submitter

First Name: \*

Middle Initial:

Last Name: \*

Organization: \*

Job Function: \*

If Other, please explain:

Non-United States of America  
Facility:

☐

Country:

United States

Mailing Address 1: \*

Mailing Address 2:

City: \*

State: \*

ZIP Code: \*

Phone Number: \*

Extension:

E-mail Address: \*

How did you learn about the RSAT  
program: \*

If Other, please explain:

[Continue to Facility Information »](#)



## Facility 1

Facility Name: \*

▲ Full name as stated in City license (official name).

Alternative Facility Name:

▲ Provide alternative names under which the Facility may be known.

Module Type: \*

Non-United States of America Facility: ☐Country: 

Street Address: \*

▲ Enter the street address of the Facility's physical location. [Note: This may be different from the mailing address.] Use local street and road designations, not post office or rural box numbers.

Street Address (continued): 

City: \*

State: \*

▲ Select the state of the Facility's physical location. [Note: This may be different from the mailing address.]

ZIP Code: \*

▲ Enter the ZIP Code (including the 4 digit extension, if applicable) of the Facility's physical location. For example, XXXXX or XXXXX-XXXX are valid ZIP Code formats. [Note: This may be different from the mailing address.]

## Additional Facility Information

What is the current functional status of the facility? \*

Who is the Business Owner? \*

▲ The Owner is the person or entity that owns the business (which may be housed in a leased Facility). This may be a person, company, cooperative, state, municipality, etc. This may be different from the Operator.

What is the Submitter type? \*

▲ Select the legal status: private or corporate, State or local government, or Federal government. If more than one status applies, contact the RSAT System Administrator at [rsat\\_admin@anl.gov](mailto:rsat_admin@anl.gov)

Who is the Business Operator? \*

▲ The Operator is the person who has responsibility for the daily operations of a Facility. This may be a person, company, cooperative, state, municipality, etc. This may be different from the Owner.

## Point of Contact for Facility 1

Is the Point of Contact for this facility the same as the Submitter? \* ☐ Yes ☐ NoFirst Name: \*  Middle Initial:  Last Name: \*

Job Function: \*

If Other, please explain: Non US: ☐

Mailing Address 1: \*

Mailing Address 2: 

City: \*

State: \* ZIP Code: \* Country: 

E-mail Address: \*

Phone Number: \* (  )  -  Extension: Fax Number: (  )  - 

Add Another Facility

Complete



## Registration Information Saved

The information provided on the forms has been saved and sent to DHS for approval. You will be notified when this request has been processed.

**Download the PDF** - Print a copy of the PDF version of the completed registration form for your records by pressing the "Download PDF Form" button.

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