United States Government **Department of Energy**

memorandum

Idaho Operations Office

Date: November 24, 2008

Subject: Failure to Properly Secure Combination Lock into Security Area

To: XXXXXXXXXXXXXXXXX

Enclosed you will find DOE F 5639.3, "Report of Security Incident/Infraction". Due to the space available, you may find it easier to attach your responses on a separate sheet of paper.

Please ensure that **prior** to typing your response on your computer or sending it through the mail, your response is discussed/reviewed with an Authorized Derivative Classifier if there is any possibility that your response may contain classified information.

Be advised that this form is your opportunity to explain your version of the incident. Though the form requires your signature, it does not constitute an automatic infraction, and no distribution other than to you is made until your response is received and a determination of outcome is made.

After you and your Director or Team Lead have completed Part II items 1,5,6,7,8,9, and 10 of the form, please return to [redacted]. Please return within 5 working days of your receipt.

Thank you.

DOE F 5639.3
(12-93)
(Formerly DOE F 5630.13)
All Other Editions Are Obsolete

Privacy Act Information

Omb Control No.
1910-1800

U.S DEPARTMENT OF ENERGY

REPORT OF SECURITY INCIDENT/INFRACTION

(When completed this form contains privacy act information)

Part I - NOTIFICATION OF SECURITY INCIDENT

Part I. To be completed by the Security office conducting the preliminary inquiry.

1. Organization in which incident occurred	2. Date of Incident:

3. Nature of incident:

4. Classification level of information involved:	5. Category of Information involved:	6. Identify other caveats of information involved:
Confidential ☐ Secret ☐ Top Secret ☐	Restricted Data ☐ Formerly Restricted Data ☐ National Security Information ☐	NA

7. Details of incident:

8. Name, title, and organization of the individual reporting the security incident:	9. Signature:	10. Date:
[redacted] DOE-ID Incidents of Security Concern		

Distribution: [redacted] Mgr, MS XXXX
Incident/Infraction File

OFFICIAL USE ONLY

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Part II - NOTIFICATION OF SECURITY INCIDENT

To be completed by the Office in which incident occurred/originated and return within 5 days to the Cognizant Security Office of the individual receiving infraction.

1. Reason or cause for incident:

2. Name and title of person responsible for incident:	3. NE ID Clearance Number:	4. Number of infractions incurred in the last 12 months:
5. Signature of individual responsible for incident:		6. Date:

7. Corrective action taken, to include disciplinary action, if applicable.

8. Name and title of Office Director:	9. Signature:	10. Date:

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