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PERSONNEL SCREENING AND EVALUATION RECORD For use of this form, see AR 50-1; the proponent agency is DCS, G-3/5/7.									
PRIVACY ACT STATEMENT OF 1974									
AUTHORITY:	Internal Security Act of 1950 (Pub L. 81-831), 5 U.S.C., 301, 10 U.S.C., 3013, E.O. 9397 and records will be maintained under file #640-10b and 690-200a.								
PRINCIPAL PURPOSE:	To evaluate the qualifications and suitability of an individual for assignment to certain sensitive duties under the nuclear/chemical/biological personnel reliability program.								
ROUTINE USES:	The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notices also apply to this system.								
DISCLOSURE:	Voluntary. However, failure to provide all or part of the requested information may result in non-selection for duties under the personnel reliability program.								
PART I - INITIAL INTERVIEW									
A. NAME OF INDIVIDUAL (Last, First, MI) B. ORG		GANIZATION		C. JOB TITLE		D. SSN			
E. I do not object to PRP screening requirements. (Individual's initials)									
F. SCREEN FOR B	Biological PRP Ch	emical P	RP Nuclear	PRP					
G. NAME OF INTERVIEWER		H. SIGNATURE		I. DATE	I. DATE (YYYYMMDD)				
		PART II	a - PERSONNEL RE		CREENING				
A. Potentially Disqualifying Information (PDI) was found and forwarded to certifying official found									
B. NAME OF SCREENING OFFICIAL			C. SIGNATURE			D. DATE	D. DATE (YYYYMMDD)		
	PARI	۲ IIb - PE		TY RECOF	DS SCREENING				
A. Local records Potentially Disqualifying Information (PDI) was found and forwarded to certifying official not found									
B. Personnel Security Investigation (<i>PSI</i>): completed on									
C. PSI request or reinvestigation (<i>If required</i>): submitted on Type (<i>NACLC, ANACI, SSBI, etc.</i>)									
D. SECURITY CLEARANCE: None Confidential Secret Top Secret									
E. NAME OF SCREENING	G OFFICIAL		F. SIGNATURE			G. DATE	E (YYYYMMDD)		
PART III - MEDICAL RECORDS SCREENING									
A. Potentially Disqualifying Information (PDI) was found and forwarded to certifying official not found									
B. NAME OF SCREENING	G OFFICIAL		C. SIGNATURE			D. DATE	(YYYYMMDD)		
E. RESCREENING (if requ	E. RESCREENING (<i>if required</i>) - PDI was found and forwarded to certifying official not found								
F. NAME OF SCREENING	OFFICIAL		G. SIGNATURE			H. DATE	(YYYYMMDD)		
PART IV - DRUG TESTING/SCREENING									
A. SPECIMEN COLLECTED ON Test results were forwarded to certifying official or certified negative									
B. NAME OF OFFICIAL		C. SIGNATURE			D. DATE	(YYYYMMDD)			
E. ADDITIONAL SCREENI	NG (If reauired):								
Specimen collected on Test results were forwarded to certifying official or certified negative									
F. NAME OF OFFICIAL			G. SIGNATURE			H. DATE	(YYYYMMDD)		
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PART V - CERTIFYING OFFICIAL'S EVALUATION/ ASSIGNMENT BRIEFING										
A. After thorough review of information provided, I find this individual: suitable for the PRP (Complete Part V, B & C) Image: Straight of the PRP (Complete Part V, B and Part IX) Image: Suitable for Interim Certification (Complete Part V, B & C)										
B. NAME OF CERTIFYING OFFICIAL	C. SIGNATU	IRE	D. DATE	. DATE (YYYYMMDD)						
E. Individual's signature indicates a briefing of and objectives of the PRP was received an		IRE	G. DATE	(YYYYMMDD)						
PART VI - CONTINUING EVALUATION/RECORD OF UPDATES										
Document changes in individual's status and/or administrative data. If additional room is required to document an update, attach a continuation sheet. For documentation requirements for restriction, suspension, administrative termination, or disqualification follow guidance in the appropriate regulation. (ATTACH BLANK SHEET FOR CONTINUATION OF PART VI)										
A. INDIVIDUAL'S SIGNATURE		REASON FOR UPDATE		D. DATE (YYYYMMDD)						
B. CERTIFYING OFFICIAL'S SIGNATURE	6.	REASONT OR OF DATE								
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PART VII - SUSPENSION OR TEMPORA (PENCIL ENTRY)	RY DISQUALIFICATION	PART VIII - ADMINISTF	RATIVE TE	ERMINATION						
EFFECTIVE	EFFECTIVE									
DATE (YYYYMMDD)		DATE (YYYYMMDD)								
	PART IX - DISQUALI	FICATION								
A. STATUS AT TIME OF DISQUALIFICATIO	Ν	B. REASON FOR DISQUALIFICATION 1. Alcohol abuse	NC							
1. Being screened for PRP. 2. Assigned to:		1. Alcohol abuse 2. Drug abuse								
a. biological duty position		3. Negligence/delinquency in duty performance								
b. chemical duty position	4. Court-martial/civilian convictions									
c. critical nuclear duty position d. controlled nuclear duty positi	on	5. Physical/mental condition 6. Poor attitude/lack of motivation								
	valion									
C. Individual is disqualified from the Biological PRP Chemical PRP Nuclear PRP										
E. Individual was notified of disqualification on by										
DATE (YYYYMMDD) METHOD OF NOTIFICATION										
F. NAME OF CERTIFYING OFFICIAL	G. SIGNATURE		H. DATE (YYYYMMDD)							
I. NAME OF REVIEWING OFFICIAL		J. SIGNATURE		K. DATE (YYYYMMDD)						