

THE SECURITY BUZZ



The Office of Security (OSY) at the National Processing Center Newsletter

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Around NPC

Security Awareness Day is September 15th



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Visit OSY on the web at:

<http://cww.npc.census.gov/osy/>

Please contact any member of the OSY Security Staff with suggestions or recommendations.

Security Awareness a Decade after 9-11



The Office of Security (OSY) will be hosting our Security Awareness Day for employees at the National Processing Center, on September 15th, 2011 from 8 AM to 2 p.m., in Building 91.

Security Awareness Day is designed to provide information on reducing terrorism/espionage risks, and increasing emergency preparedness.

We will be hosting multiple security/law enforcement related organizations and encouraging them to promote their unique approach to improving security. Some groups will be demonstrating the latest technology to improve security, while others will be providing literature or discussing best practices.

Please direct all inquiries and questions to Larry Foster at larry.g.foster@census.gov or 812-218-3531.

We look forward to seeing you on September 15th!

Disabled Parking at NPC

1. Disabled personnel requesting a handicapped parking permit must submit to the Health Unit, Form [NPC-1126](#), "Application For Handicapped Parking", completed and signed by the employee and the employee's physician (applications are available in the Health Unit, Security Office, online or in your branch office).

2. An NPC red parking sticker will be issued to those employees with permanent disabilities who are approved for handicapped parking.

A state issued handicapped parking permit is not applicable and does not authorize employees to park in a handicapped parking space at NPC.

3. The Health Unit will review handicapped parking permits on an annual basis.

4. The Customer Security Services Office will issue a handicap parking permit after notification of approval by the Health Unit.

Temporary disabled parking is also available, for non-permanent medical needs. The process for submitting the application is the same as stated above, if approved a temporary disabled parking hangtag will be issued.

U.S. CENSUS BUREAU NATIONAL PROCESSING CENTER DISABILITY PARKING		U.S. DEPARTMENT OF COMMERCE U.S. CUSTOMER SERVICE CENTER 1275 N. GREENWAY	
INSTRUCTIONS			
Take this form to YOUR DOCTOR and have her/him complete an application.			
A recommendation for a parking permit is required for parking permit. Upon completion of the interview process, a recommendation for a parking permit is required for parking permit. Upon completion of the interview process, a recommendation for a parking permit is required for parking permit.			
Once the request has been processed by the Office of Security, you will be notified by the telephone or e-mail and will receive your parking permit via electronic mail. You will receive a handicapped parking permit. We will be advised concerning the availability of parking spaces near your work location.			
If you have any questions, call the Security Specialist on extension 3505.			
A. PERSONAL DATA			
1. Last name	First name	Middle initial	2. Date of birth
3a. Work site	3b. Building room/suite	3c. Entry Day/Time/Dock	4. Shift hours
5. Branch	6a. Supervisor	6b. Telephone number	
7a. Applicant's signature		7b. Date	
B. DOCTOR'S CERTIFICATION OF DISABILITY - The physician or qualified medical professional certifying the qualifying disability must provide a FULL DESCRIPTION OF THE NATURE OF DISABILITY. Please complete the following (if applicable):			
1. Lung disease - Mark (X) one box			
<input type="checkbox"/> I have such an extent that oxygen tension (PO2) is less than 60 mmHG on room air at rest			
<input type="checkbox"/> to the extent that it causes shortness of breath after walking one block or more. Should be under a physician's care and require medication for treatment.			
2. Cardiovascular disease - Mark (X) one box			
<input type="checkbox"/> impairment limitation classified in severity as Class III Class IV according to standards accepted by the American Heart Association.			
<input type="checkbox"/> to the extent that it causes chest pain after walking one block or more. Should be under a physician's care and require medication for treatment.			
3. Mobility limitations - Mark (X) one box			
<input type="checkbox"/> significant limitation in the use of lower extremity(ies) or loss of a lower extremity(ies) which substantially impairs or interferes with walking, or requires the aid of an assistive device for mobility (e.g., cane, walker, crutches, wheel chair, etc.) - Specify #			
<input type="checkbox"/> limited use of lower extremities which impairs or interferes with mobility but does not require the aid of an assistive device			
4a. Disabled due to -			
<input type="checkbox"/> Any reason other than those listed in 1, 2, or 3 above - Describe that disability here _____			
b. If this is a temporary disability -			
From	Month	Day	Year
To	Month	Day	Year
5. I certify I am a - Mark (X) one box			
<input type="checkbox"/> Physician <input type="checkbox"/> Other - Specify _____			
6. I hereby certify that all the information I have provided is true and correct:			
a. Medical provider's signature	b. Date	c. Office telephone number	
d. Printed name	e. Address		
FOR AGENCY USE ONLY			
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date	
<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary		

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