

PERSONNEL RELIABILITY PROGRAM (PRP) QUESTIONNAIRE

AUTHORITY: 10 U.S.C. 8013, Secretary of the Air Force, DoDM 5210.42 and AFMAN 13-501.

PRINCIPAL PURPOSE: To assist in the Administrative Qualification (some steps may be N/A for Admin Qual) and Certification processes.

ROUTINE USES: Use of this questionnaire and guide is MANDATORY. The **individual** completes SECTION 1. The unit/contractor PRP **monitor** completes SECTION 2 while screening the UPRG, PIF, UIF, or **equivalent** civilian/contractor personnel records. **Medical Treatment Facility** (MTF) personnel (or the CMA for contractor personnel) complete SECTION 3 while screening all health records. **Unit Commander/CO** completes SECTION 4. The information will only be disclosed to the unit/contractor PRP monitor, MTF/contracted CMA, installation PRP monitor, commander/CO, and reviewing official. Sensitive medical information will only be maintained in health records. The completed questionnaire is provided to the commander/CO prior to the spirit and intent interview for PRP. *NOTE: This questionnaire may be modified with additional questions or format to meet commander/CO needs to further evaluate reliability.*

PRIVACY ACT OF 1974 APPLIES

DISCLOSURE: Refusal to answer questions or provide information may result in not meeting the spirit and intent of the PRP, as determined by the Commander/Certifying Official.

(LAST NAME, FIRST, M.I.) (GRADE)(PRINT)

(DATE)

(GAINING LOCATION, if applicable)

SECTION I - MEMBER

The following information is required in order to supplement the Certifying Official / Commander Interview and assist the commander or certifying official in making a sound judgment towards your certification for Personnel Reliability Program (PRP) related duties. **Not Previously Certified*: All questions pertain to your lifetime (pre-service and in-service). Previously Certified*: All questions pertain to the time since the last day you performed PRP duties. Complete all questions truthfully to the best of your knowledge.** Each question should be answered by placing a check in the appropriate column (“YES”, “NO”) to the left. A YES to any question does not mean you will not be certified, however, **any question with an annotation in the “YES” column must be fully explained (when, how often, which substance(s), why, how many times, or circumstances, as applicable)** in the “Remarks”. For this section, **report all information** regardless of whether the charges were dismissed, unfounded, you were found not guilty or the record has been “sealed” or otherwise stricken from the court files. This section also pertains to agencies including, but not limited to, Military, Federal, State, County, City and Juvenile Law Enforcement Agencies.

***Note: Certified pertains to individuals once actively certified in the PRP. It does not apply to those who were once administratively qualified but never formally certified in the PRP.**

YES	NO	Individual Questions
		1. Have you had any legal and/or financial problems? (i.e. wages garnished, property repossessed, lien place upon property, judgment against you which you have not paid, delinquent debts, filed for bankruptcy, checks returned for insufficient funds, etc)
		2. Have you ever been involved in the unauthorized trafficking, cultivating, processing, manufacturing, or sale of any controlled or illegal drugs? (including cannabis-based products)
		3. Have you been arrested or do you have charges pending against you (to include Article 15 if applicable)?
		4. Have you been ticketed for a traffic violation or ever been in trouble with the police for something <u>other</u> than a traffic violation?
		5. Has a restraining order ever been placed against you (so that you could not have contact with a person)?

YES	NO	Individual Questions
		6. Have you been investigated for any type of abuse, neglect, or maltreatment, even if it was found to be unsubstantiated or the charges were dropped or have juvenile offenses that have been sealed by the court?
		7. Have you used a weapon in a fight, ever been charged/convicted of a firearm violation or unauthorized use or possession of explosive material?
_____ a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____ h. _____ i. _____ j. _____ k. _____ l. _____ m. _____ n. _____ o. _____ p. _____ q. _____ r. _____	_____ a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____ h. _____ i. _____ j. _____ k. _____ l. _____ m. _____ n. _____ o. _____ p. _____ q. _____ r. _____	8. Have you ever: a. Smoked marijuana or hashish? b. Used non-prescription steroids? c. Used illicit drugs such as cocaine, heroin, crack, LSD, mescaline, PCP, ecstasy, methamphetamines, barbiturates, peyote? d. Had a DUI and/or DWI? e. Had underage drinking incident, or any other alcohol related incident? f. Sniffed or used substances such as aerosol sprays, lighter fluid, petrol-chemicals, or adhesives? g. Used more medication (yours or someone else's) than prescribed or recommended by manufacturer? h. Been counseled, treated or hospitalized for emotional, mental, behavioral, or personality disorder, condition, or problem? i. Had a fear of confined spaces? j. Been prescribed any medication for an emotional, mental, behavioral, or personality disorder condition or problem? k. Seriously thought about, planned, or attempted to take your own life? l. Hurt yourself on purpose, for example, by burning or cutting? m. Had emotional problem(s) that caused you to miss school or work? n. Experienced any significant health condition/problem for which you did not seek treatment? o. Left a job under other than favorable conditions (fired, terminated)? p. Experienced any of the following: loss of consciousness, head injury, history of dizziness? q. Had a break in service lasting over 2 years? r. Been permanently disqualified/ decertified from PRP?
		9. Do you frequently have difficulty sleeping?
		10. Have you needed, but not received, help for drug, alcohol, emotional or behavioral problems or been counseled, evaluated, or hospitalized for alcohol or drug incident, or use disorder?
		11. Do you often lose your temper and/or hit or break things when frustrated or angry?
		12. Are you currently taking any medications or supplements (prescription, non-prescription, herbal)?
		13. Have you ever been granted Department of Energy (DOE) Sigma 14 access? For government civilians and contractor personnel, contact HAF/A10CS via phone at 703-697-8637 (DSN 222-8637) to verify that the individual has never been granted DOE Sigma 14 access. (Note: If individual has an ALC of "G", they cannot be part of a two-person concept team that may allow access to a nuclear weapon; implement local control procedures to enforce this restriction. Ref: DoDD 3150.02. (Updated: 16 Nov 17)
		14. Do you have any other information that should be considered prior to placing you in a PRP position?

***** I certify that I have truthfully answered all of the above questions to the best of my knowledge. *****

_____ (Printed Name)

_____ (Signature)

_____ (Date)

Phone or cell number where you can be reached (not duty phone) _____ Date last PRP duty ended (if applicable) _____

SECTION II - UNIT PRP MONITOR:

Review the individual’s personnel records and answer the questions below. Explain any NO answers.

YES	NO	Unit PRP Manager Questions (to be completed prior to medical records screening)
		1. Does the individual have the required security investigation and a security clearance commensurate with the security classification required for the position?
		2. Is the individual’s security investigation date current?
		3. Is the individual a US citizen?
		4. Does the individual’s past job or duty history indicate responsibility and dependability in carrying out assigned duty (OPRs/EPRs, comments, and ratings)?
		5. Is the UPRG/OPF/personnel record and other official records (Control Roster, UIF, etc.) free of any suitability factors or derogatory information? (Review for Denial of Good Conduct Medal, demotion, AF 86, DD 1966, Moral Waiver, separation/termination for cause, court-martial charges, or awaiting civil trial)
		6. Has the individual received the required PRP training prior to certification?

(Unit PRP Monitor Name)

(Signature)

(Date)

SECTION III - MTF MONITOR/CMA:

Authorized MTF records reviewer/CMA answer all questions based on the review of all known health records. Explain any NO answers.

YES	NO	MTF MONITOR/CMA Questions (to be completed prior to medical records screening)
		1. Does the individual have the mental alertness to perform PRP duties?
		2. Are the health records free of any suitability factors not addressed in this questionnaire?
		3. Is the medical history free of any alcohol-related incident or use disorder?
		4. Is the medical history free of any use of cannabis, ecstasy, designer drugs, speed, amphetamines, barbiturates, peyote, or other illicit drugs, prior to or during current service/employment?
		5. Is the medical history free of abuse of any prescription or over-the-counter medications?
		6. Is the individual free of any current Life Skills/Mental Health, substance abuse, or family advocacy concern or disorder?
		7. Is the past or present health condition free of any information which could impair suitability?
		8. Is individual free of any reliability impairment which could be disqualifying for PRP as a result of any medication, prescription, OTC, nutritional supplements and dietary aids, or herbal preparation?
		9. Do the medical records indicate good social adjustment and emotional stability?
		10. Is the individual recommended by a Competent Medical Authority after reviewing suitability factors?
		11. Has the need for any additional medical documentation or recommendation been forwarded to the CO (if required?)
		12. Is the annotation on the proper form in the applicable health record if suitability factors discovered, and date the CO notified?

MTF/CMA PRP Medical Consultant

(Signature)

(Date)

NOTE: If this form contains suitability factors or if this is a screening for an administrative qualification, it must be signed by the CMA or IDMT at GSU.

SECTION IV - CERTIFYING OFFICIAL/COMMANDER:

NOTE: For Administrative Qualification only. CO/Losing Commander must ensure they complete the "Administrative Qualification" training module located on the AF PRAP portal (required at least every 15 months).

The individual must meet all of the following criteria prior to certification. Explain any NO (Yes, Question 1) answer.

YES	NO	Unit Certifying Official Questions (to be completed during the Spirit and Intent Briefing)
		1. Did the individual reveal any <u>mandatory</u> disqualification/decertification conditions, as identified in DoDM 5210.42_AFMAN13-501, Appendix 4 to Enclosure 3 para 2.
		2. Does the individual demonstrate dependability in accepting responsibility and effectively performing in an approved manner, and flexibility in adjusting to changes in the working environment, including ability to work in adverse or emergency situations?
		3. Does the individual have mental alertness and technical proficiency to perform assigned duties?
		4. Does the individual demonstrate good social adjustment, emotional stability, personal integrity, sound judgment, and allegiance to the United States?
		5. Does the individual have a positive attitude toward nuclear weapons duty, to include the purpose of the PRP?
		6. Is the required personnel security investigation adjudicated (without a break in active federal service or employment longer than 2 years)?
		7. Is the required medical evaluation complete? (Ensure there is no medical suitability factors that requires further details from the member.)
		8. Have the personnel file and other official records been reviewed in detail? (Ensure there are no suitability factors that requires further details from the member and verify MilPDS does not reflect a "G" Assignment Limitation Code.) For government civilians and contractor personnel, contact HAF/A10CS via phone at 703-697-8637 (DSN 222-8637) to verify that the individual has never been granted DOE Sigma 14 access. (Note: If individual has an ALC of "G", they cannot be part of a two-person concept team that may allow access to a nuclear weapon; implement local control procedures to enforce this restriction. Ref: DoDD 3150.02. (Updated: 16 Nov 17)
		9. Does the individual have the technical proficiency commensurate with nuclear weapon duty requirements?
		10. Does the individual meet all of the PRP qualifying criteria and reliability standards, and are you ready to conduct the personnel interview?

(Certifying Official Signature)

Additional Comments:
