**RISK MANAGEMENT INFORMATION (RMI) SYSTEM**

**USER ADMINISTRATOR ACKNOWLEGEMENT**

**BY**

**(Name) OF (Command)**

I , (NAME), have been assigned to serve as a User Administrator (UA) for (COMMAND). I certify that I am familiar with the U.S. Department of Defense (DOD) approved methods for protecting, handling, storing, releasing, disposing, and use of Privileged Safety Information (PSI) and Personally Identifiable Information (PII) as defined in DoD Instruction 6055.07, OPNAVINST 5102.1E, and OPNAVINST 3750.6S, and that I will conform to the measures the Naval Safety Command has implemented to safeguard PSI and PII in an appropriate manner to prevent unauthorized access or disclosure.

In my role as UA, I understand that I am only authorized to grant and update RMI account permissions for Department of the Navy (DON) uniformed and DON government civilian personnel in my organization and subordinate organizations to ensure accurate and thorough mishap reporting, investigation, and analysis. I acknowledge that I am not authorized to grant permissions to personnel from other DON organizations, military services, or U.S. Governmental Agencies, nor am I authorized to grant RMI access to contractors, foreign exchange or liaison personnel, or any non-DON civilians. All requests for RMI access by individuals other than DON uniformed and government civilian personnel must be referred to the Naval Safety Command for action and approval by the Executive Director.

I understand that it is my responsibility to terminate RMI access for personnel who no longer are serving in safety billets or no longer need access. If, in the execution of my duties, I become aware of individuals from my organization with RMI access who improperly release privileged safety information, I agree to terminate their access and advise the Naval Safety Command immediately. This also applies to non-DON personnel who have been given RMI accounts without written approval from the Naval Safety Command’s Executive Director.

I understand that if I fail to protect privileged safety information or adhere to the items stated above, my UA and RMI account privileges will be suspended or revoked.

This acknowledgement was executed by me, freely and voluntarily, in my individual capacity and will continue to be in effect indefinitely or upon revocation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date