

Routine Collections

Record Name (Bureau)	Identifying Information Collected	Record Description
1. CityTime (<i>FDNY-wide</i>)	Name; OTHER: Rank/Title; Reference Number/Shield Number/Badge Number	Used to manage employees' time and leave
2. Timesheets (<i>FDNY-wide</i>)	Name; Contact information (e.g., phone or email); Employer information; Employment address; OTHER: Rank/Title; Reference Number/Shield Number/Badge Number	Used to manage employees' time and leave
3. SUM TOTAL – Learning Management System (LMS) (<i>FDNY-wide</i>)	name, date of birth; photograph, voice print, email, employment status, employer information, any scheduled appointment with any employee, contractor or subcontractor, Internet protocol (IP) address; health information; OTHER: Rank/Title; Reference Number/Shield Number/Badge Number	Used to monitor employees' training and certifications
4. Electronic Pre-hospital Care Report (ePCR) (<i>EMS Operations; Internal Audit; Investigations and Trials; Legal Affairs, Revenue Management</i>)	Name; Date of birth; Place of Birth; Current and/or previous home addresses; Gender identity; Race; Marital or partnership status; Contact information (e.g., phone or email); Nationality; Employer information; Social Security Number; Signature	To provide information based on pre-hospital care.
5. Ambulance Call Report (ACR) Request Form (<i>Legal Affairs</i>)	Name; Date of birth; Current and/or previous home addresses; OTHER: address where FDNY responded to	Requestor provides FDNY with information so we can locate and retrieve information in Health EMS
6. Computer Aided Dispatch (CAD) Form (<i>EMS Operations; Legal Affairs – Court Desk</i>)	Name; Date of Birth; Current and/or previous home addresses; OTHER: address where FDNY responded to	Requestor of records provides information so FDNY can search/retrieve record to submit to requestor
7. 911 EMS Incident Histories (<i>Communications; EMS Operations</i>)	Name; voiceprints; OTHER: Description of the incident;	The NYC Law Department uses recordings in court courses. FDNY uses recordings for table-top exercises in training.
8. Fire Incident Histories (<i>Communications, Fire Operations</i>)	Name; voiceprints; OTHER: Description of the incident	The NYC Law Department uses recordings in court courses. FDNY uses recordings for table-top exercises in training.
9. CD-30 Application for Transfer (<i>Fire Operations; Training</i>)	Name; Date of birth; Contact information (e.g., phone or email); Current and/or previous home	Qualifications, members status, calculated seniority and service points,

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	addresses; Employment status; Employer information; Employment address; Motor vehicle information; Health information; Signature	disciplinary status, years in service, family connection
10. CD-31 <i>(Fire Operations; Training)</i>	Name; Employment status; Employment address; Signature	Routine administration
11. OSA-1 and OSA-2 <i>(Fire Operations; Training)</i>	Name; Employment status; Employment address; Signature; OTHER: Reference Number; Group number	Investigation of employee work history prior to detail
12. FDNY CAD Outage Notification <i>(Communications)</i>	Name	To find out where there are outages in the CAD system
13. Daily Work Assignment Report <i>(Communications)</i>	Name; Employment status; Employment address; Signature	Manage the work of Communications employees
14. Electricians Work Report <i>(Communications)</i>	Name	Manage the work of Communications employees
15. Emergency Reporting System (ERS) Box Distributions <i>(Communications)</i>	Name	Manage the Department's fire alarm box system, one of the four ways in which fires and other emergencies can be reported to the Department
16. Facility Access Request <i>(Communications)</i>	Name	To give non-FDNY persons access to FDNY facilities
17. RT-2 <i>(Communications)</i>	Name; Signature; OTHER: Title	
18. Request to Update Department Telephone Directory <i>(Communications)</i>	Name; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Signature	To correct or update information for an employee who is already listed in the Department Telephone Directory.
19. Request for Department Telephone Repair or Service <i>(Communications)</i>	Name; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Signature	To request repair on Department telephone
20. Diversity and Inclusion Share Drives/Documents <i>(Diversity and Inclusion)</i>	Gender identity; Contact information (e.g., phone or email); Languages spoken; Nationality; Race; Religion; Sexual orientation; Employment status; Employer information; employment address; motor vehicle information	Collected for the purposes of diversity and inclusion program maintenance including scheduling of programming, events and reach out activities
21. RC-1 Fuel Order Form <i>(EMS Operations)</i>	Employment status; Employer information; Employment address; Contact information (e.g., phone or	To request fuel for ambulances and other vehicles

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	email); OTHER: Reference Number; Rank	
22. RC-2 Fuel Delivery Form (EMS Operations)	Name; Employment status; Employer information; Employment address; Contact information (e.g., phone or email); OTHER: Reference Number; Rank	To deliver fuel for ambulances and other vehicles
23. RC-3 Fuel Shortage Report (EMS Operations)	Name; Employment status; Employer information; Employment address; Contact information (e.g., phone or email); Motor vehicle information; OTHER: Reference Number; Rank	To record a shortage in fuel for ambulances and other vehicles
24. RC-5 Standard Work Order Form (EMS Operations)	Name; Employment status; Employer information; Employment address; Contact information (e.g., phone or email); Motor vehicle information; OTHER: Reference Number; Rank	To monitor work conducted on Department vehicles
25. RC-6 Air Condition/Window/Wall/Split Units—Repair or Replacement (EMS Operations)	Name; Employment status; Employer information; Employment address; Contact information (e.g., phone or email); OTHER: Reference Number; Rank	To repair or replace air conditioning units in EMS stations
26. Special Operation Summary Report (EMS Operations)	Name	Summary of events at a special operation involving EMS personnel
27. Logging Recording Request (EMS Operations)	Name; Signature; OTHER: Title	To request for the search of a voice record (Dispatch recording, telephone recording, Radio recording, etc.)
28. Division ALS Unit Audit (EMS Operations)	Name; OTHER: Vehicle Number; Station; Shield Number; CS Key Number; MAC Number; AEMT-4 Number	Audit of the equipment at an ALS Unit
29. Medication Usage Report (EMS Operations)	Name; Signature; OTHER: Shield Number; Battalion; Unit; Tour	To monitor the use of medication
30. Medical Supply Unit Order Form (ALS and BLS) (EMS Operations)	Name; OTHER: Shield Number	To request replenishment of medical supplies to the station
31. Spectacle Kit/Corrective Lens Request Form/Order Form (EMS Operations)	Name; Contact information (e.g., phone or email); Signature; OTHER: Civil Service Title; Reference Number	To request a new spectacle kit/corrective lens
32. FDNY EMS Fuel Card Replacement Form (EMS Operations)	Name; Signature	To replace EMS fuel card
33. NYC Fleet Vehicle Fueling Program (EMS Operations)	Name; Signature; OTHER: Employee Reference Number	

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34. Locksmith Work or Repair Requisition <i>(EMS Operations)</i>	Name; Signature	To request locksmith work
35. Premise History Entry Request <i>(EMS Operations)</i>	Name; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; OTHER: Shield number	
36. ePCR/PTS Tablet Service Request <i>(EMS Operations)</i>	Name; Contact information (e.g., phone or email);	To request repair work on an ePCR device
37. Emergency Notification Information Form <i>(EMS Operations)</i>	Name; Contact information (e.g., phone or email); Current and/or previous home addresses; Religion	To designate emergency contact for EMS employees
38. Counterterrorism Response Team Application <i>(EMS Operations)</i>	Name; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Signature; OTHER: Rank; Reference Number; Shield/Badge Number	Application to join the Counterterrorism Response Team
39. Conflicts of Interest Waiver Request Form <i>(EMS Operations)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; OTHER: Rank; Reference Number; Shield/Badge Number	To allow EMS employees to engage in outside employment with a hospital located in New York City.
40. Dignitary Protection Unit Members <i>(EMS Operations)</i>	Name; Date of Birth; Place of Birth; Contact information (e.g., phone or email); Social Security Number; OTHER: Driver's License Number and state of issue	Scheduling and disclosing to US Secret Service for security requirements
41. EOC Notification Lists <i>(EMS Operations)</i>	Name; Contact information (e.g., phone or email)	Notification from FDOC to appropriate Department members of incidents of interest
42. OEM/JOC Scheduling <i>(EMS Operations)</i>	Name; Contact information (e.g., phone or email)	Scheduling members for shifts at EOC @ OEM and JOC @ 1PP
43. Overtime Control Numbers <i>(EMS Operations)</i>	Name	Assignment of Overtime Control
44. EMS Annual Medical Orders <i>(EMS Operations)</i>	Name; OTHER: Assigned work location	Scheduling EMS Members for annual medical exam and training
45. Unusual Occurrence Report and Tracking/Incident Situation Report <i>(EMS Operations)</i>	Name; OTHER: Shield number	Documenting unusual occurrences

Record Name <i>(Bureau)</i>	Identifying Information Collected	Record Description
46. Confidential Complaints and Tracking <i>(EMS Operations)</i>	Name; OTHER: Shield number; Assigned work location	Track intake and completion of confidential complaint investigations
47. Reassignment Request <i>(EMS Operations)</i>	Name; Signature; OTHER: Shield number; Reference Number; Assigned work location; Date of appointment	To process requests for reassignment to a different work location
48. Request for Duplication of Medical Record <i>(EMS Operations)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Social Security Number; Signature	To process requests for duplicate medical records
49. Reassignment Request Database <i>(EMS Operations)</i>	Name; OTHER: Reference number; Shield number; Date of appointment	Track and process requests for reassignment to a different work location
50. Monthly Work Schedules <i>(EMS Operations)</i>	Name; OTHER: Shield number; Radio ID	Monthly work schedule
51. Captain/Deputy Chief/Division Chief Promotion Interview List <i>(EMS Operations)</i>	Name; OTHER: Shield number, Date of appointment	List of those interviewed for promotion to DC and DVC, to be used to fill vacancies as they occur and approved
52. Discipline Records <i>(EMS Operations)</i>	Name; OTHER: Shield Number; Reference number; Work location; Title	Record and track discipline of EMS members
53. Continuing Medical Education Recording on LMS <i>(EMS Operations)</i>	Name; OTHER: Certification Number; Title; Reference number	Track expiration date and currency of CME
54. Probationary Firefighter Potential Promotions <i>(EMS Operations)</i>	Name; Contact information (e.g., phone or email); Social Security Number; OTHER: Shield number; Work location; Reference number	Track EMS members who are candidates for promotion to firefighter
55. Awards and Medals Requested/Awarded <i>(EMS Operations)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); OTHER: Shield number; Work location	Track requests for and awarding of medals, commendations, etc.
56. Health EMS <i>(EMS Operations)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Contact information (e.g., phone or email); Employer information; Employment address; Health information; Status as victim of domestic violence or sexual assault; Status as crime victim or witness; Social Security Number; Signature; OTHER: Health insurance information	Record of and continuing documentation of medical care
57. Employee Medical Leave Report <i>(EMS Operations)</i>	Name; OTHER: Shield number; Reference number; Work location; Nature of illness or injury	Track and notify members who are unable to report to duty due to illness or injury

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58. Voluntary Hospital System <i>(EMS Operations)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Arrest record or criminal conviction; Social Security Number; Signature; OTHER: Medical Certification Number; REMAC Number; Driver's License Number and state of issue; Copy of Hospital Issued ID	To maintain information on the voluntary emergency medical services that work alongside the FDNY's Bureau of EMS.
59. EMS Voluntary Restriction/Reinstatement Form <i>(EMS Operations)</i>	Name; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; OTHER: Shield Number	To restrict/reinstate voluntary EMS personnel from the 911 system.
60. Notice of Infraction <i>(EMS Operations)</i>	Name; Employer information; OTHER: Shield number; Work location	Track violation of procedure by voluntary hospital participants
61. Vacation Pick Chart <i>(EMS Operations)</i>	Name; OTHER: Shield number; Date of appointment or promotion; Work location; Title	Create and maintain a list of requested and approved vacation picks
62. Request for Mutual Schedule Exchange <i>(EMS Operations)</i>	Name; Signature; OTHER: Title	Request to switch work schedules with a coworker
63. EMS Prehospital Save Form <i>(EMS Operations)</i>	Name; OTHER: Badge number; Gender Identity; Age	To detail information about and EMT's/Paramedic's successful patient care efforts
64. Request for Upgrade to Paramedic <i>(EMS Operations)</i>	Name; Social Security Number; Signature; OTHER: Shield; NYS AEMT-4 Number	Request to be promoted from the EMT to the Paramedic rank
65. Paramedic Continuing Medical Education Verification Form <i>(EMS Operations)</i>	Name; Employer information; OTHER: REMAC Number	
66. SCAM/APS Checklist <i>(EMS Operations)</i>	Name; OTHER: Shield Number	
67. Separation Voucher <i>(EMS Operations)</i>	Name; Signature; OTHER: Shield Number; Reference number	
68. Report of Suspected Child Abuse or Maltreatment <i>(EMS Operations)</i>	Name; Gender identity; Date of Birth; Race; Employment status; Employer information; Employment address; Signature; OTHER:	Disclosed to New York State Office of Children and Family Services
69. Unscheduled Vacancy EMS Overtime Text Alerts Request Form	Name; Contact information (e.g., phone or email); Signature; OTHER:	To allow EMS members to sign up to receive text alerts for potential overtime

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<i>(EMS Operations)</i>	Employee Reference Number; Civil Service Title; Shield Number	
70. Personal Equipment Audit <i>(EMS Operations)</i>	Name; Signature; OTHER: Shield Number; Title	To monitor the condition of EMS equipment
71. On-site Transfer of Controlled Substances <i>(EMS Operations)</i>	Name; Signature; other: Shield Number; Security Pouch Number	To track the movement/transfer of medications from personnel to personnel at the station
72. Paramedic Controlled Substance Restock Log <i>(EMS Operations)</i>	Signature; OTHER: Shield Number	To order medications
73. Paramedic Controlled Substance Transfer/Securement Log <i>(EMS Operations)</i>	Name; Signature; OTHER: Shield Number; Pouch Number	To track the movement/transfer of medications from personnel to personnel at the station
74. Division Spare ALS Equipment Audit <i>(EMS Operations)</i>	Name; Signature	To monitor the condition of EMS equipment
75. Controlled Substance Loss/Waste <i>(EMS Operations)</i>	Name; Signature; OTHER: Shield Number	To monitor the loss/waste of medications by EMS station
76. Workplace Violence Database <i>(EMS Operations)</i>	Name, Employer information; Employment address; additional CAD information; gender; arrest information;	Documentation of the Workplace violence events
77. EEO Complaint Form <i>(Equal Employment Opportunity)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Social Security Number; Signature	To file an EEO Complaint
78. EEO Complaint Form Cover Sheet <i>(Equal Employment Opportunity)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Gender identity; Race	To file an EEO Complaint
79. Request for Mediation <i>(Equal Employment Opportunity)</i>	Name; Signature; OTHER: Case Number	Offers complainants the opportunity to use mediation to resolve the issue.
80. EEO Complaint Withdrawal Form <i>(Equal Employment Opportunity)</i>	Name; Signature; OTHER: Case Number	To withdraw an EEO Complaint
81. Confidential EEO Incident Report <i>(Equal Employment Opportunity)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Signature	Records the details of an EEO issue

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82. EEO Liaison's Intake Report <i>(Equal Employment Opportunity)</i>	Name; Contact information (e.g., phone or email); Employer information; Signature; OTHER: Title	Preliminary record of an EEO complaint filled out by an agency attorney
83. Request Form for a Reasonable Accommodation for Victims of Domestic Violence, Sex offenses, or Stalking <i>(Equal Employment Opportunity)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Signature	Offers assistance or changes to the employee's position or workplace that will enable them to do their job despite their circumstances
84. Request for a Reasonable Accommodation for Religious Observances, Practices or Beliefs <i>(Equal Employment Opportunity)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Religion; Employment status; Employer information; Employment address; Social Security Number; Signature	Any Fire Department employee/applicant with a request for an accommodation for religious observances, practices or beliefs should complete this form
85. Request for a Reasonable Accommodation for a Disability <i>(Equal Employment Opportunity)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Social Security Number; Signature; OTHER; Intake Number; medical information	Offers assistance or changes to the employee's position or workplace that will enable them to do their job despite their disability
86. Reasonable Accommodation Referral Form <i>(Equal Employment Opportunity)</i>	Name; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Signature;	To refer employees/applicants to the EEO Office.
87. Employee Authorization for Release of Medical Records <i>(Equal Employment Opportunity)</i>	Name; Social Security Number; Signature	To release employee medical records
88. Appeal of a Reasonable Accommodation Determination <i>(Equal Employment Opportunity)</i>	Name; Signature; Social Security Number (last 4); OTHER: EEO Intake/File Number	Form submitted by an employee to appeal the FDNY's decision not to grant a reasonable accommodation
89. Weekly Time Reports <i>(Facilities)</i>	Contact information (e.g., phone or email); Motor vehicle information	Retained to ensure employees are eligible to drive
90. Overtime Reports <i>(Facilities)</i>	Name; Employer information	Used to manage employees' time and leave
91. Building Repair Folders (Requests for repairs, work orders) and Building Project Folders (Blueprints, construction plans, surveys) <i>(Facilities)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Signature; OTHER: building addresses and project manager name	Documents in the shared drive of the computer that contain building information for request for repairs and work orders

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92. Asbestos Reports & Surveys <i>(Facilities)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Signature	Required under city and federal OSHA/PESH regulations
93. Hazardous Materials Exposure Report <i>(Facilities)</i>	Name; Current and/or previous home addresses; Employer information; Employment address; Health information; Signature	Is completed in all cases of exposure to hazardous materials (e.g. inhaled, swallowed, or consumed) while on the job.
94. Workplace Violence Incident Report <i>(Facilities)</i>	Name; Contact information (e.g., phone or email); Signature; OTHER: Title	Records instances of workplace violence
95. Work Orders/Work Requests <i>(Facilities)</i>	Name; Employer information	Collected for the purposes of submission to FEMA and OMB
96. OSHA Reports <i>(Facilities)</i>	Name; Current and/or previous home addresses; Employer information; Employment address; Health information; Signature	Required under city and federal OSHA/PESH regulations sharing with unions, local and state and federal reporting requirements
97. Work Orders/Work Requests <i>(Facilities)</i>	Name; Employer information	Collected for the purposes of submission to FEMA and OMB
98. FDNY Correspondence Database <i>(Fire Commissioner)</i>	Name; OTHER: Sender Organization	In order to keep a proper record of constituents
99. E-Justice <i>(Fire Investigations)</i>	Name; Current and/or previous home addresses; Gender identity; Race; Biometric information such as fingerprints and photographs; Arrest record; Date and/or time of release from custody of ACS, DOC, or NYPD; Any scheduled court appearances; Arrest record or criminal conviction; Social Security Number	Used to prepare TAC plan for possible arrest. Used to obtain possible address information. Used to obtain photo
100. TLO/Transunion for Law Enforcement <i>(Fire Investigations)</i>	Name; Date of Birth; Place of Birth; Current and/or previous home addresses; Contact information (e.g., phone or email); Employer information; Employment address; Motor vehicle information; Arrest record or criminal conviction; Social Security Number	Assist in Investigations
101. TLO/Transunion <i>(Fire Investigations)</i>	Name; Date of Birth; Current and/or previous home addresses; Contact information (e.g., phone or email); Employer information; Employment address; Motor vehicle information;	Assist in Investigations

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	Arrest record or criminal conviction; Social Security Number	
102. HRIS (<i>Fire Investigations</i>)	Date of birth; Current and/or previous home addresses; Employment status	Assist with security, identify address of injured members for family transport
103. 9 MetroTech Parking Spot Roster (<i>Fire Investigations</i>)	Name; Motor vehicle information	To manage parking spaces at FDNY Headquarters
104. C-cure (<i>Fire Investigations</i>)	Date of Birth; Employment status; Employer information; Biometric information such as fingerprints and photographs; Social Security Number	To manage security at FDNY Headquarters
105. Badge Database (<i>Fire Investigations</i>)	Name; Date of Birth; Place of Birth; Current and/or previous home addresses; Employment address	Manage distribution of Badges
106. Video surveillance at MetroTech Center (<i>Fire Investigations</i>)	Biometrics such as fingerprints and photographs	To manage security at FDNY Headquarters
107. Fleet Tracking (<i>Fire Investigations</i>)	Name; Employment status; Employer information; Motor vehicle information	Database of Department vehicles assigned to employees
108. BFI Employee List (<i>Fire Investigations</i>)	Name; Date of Birth; Employment status; Employer information	Keep updated info on members
109. Hazmat Training Database (<i>Fire Operations—Special Operations, HazMat</i>)	Name	Done for compliance with State/ Federal Regulations
110. CD 73 Exposure Report (<i>Fire Operations—Special Operations, HazMat</i>)	Name; Date of birth; Current and/or previous home addresses; Signature	As per Department Rules and Regulations, to document exposure to member that will possibly affect health
111. SCUBA Dive Log (<i>Fire Operations—Special Operations, Rescue</i>)	Name; Employer information; Employer address	To monitor the time clocked by divers
112. A-8 Fire Department Referral Report (<i>Fire Operations— Administration</i>)	Name; Current and/or previous home addresses; Employer information; Employment address; OTHER: DOB BIN Number	Required during building inspections conducted by Fire members
113. A-8B Fire Department Referral Report (Smoke Detector) (<i>Fire Operations— Administration</i>)	Name; Current and/or previous home addresses; Employer information; Employment address; Signature	
114. A-8R Fire Department Ranghood Referral Report (<i>Fire Operations— Administration</i>)	Name; Current and/or previous home addresses; Employer information; Employment address	

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115. A-17 Investigation of a Complaint Report (Fire Operations— Administration)	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Employer information; Employment address; Signature	Complaint regarding unsafe conditions
116. A-33 Vacate Information Report (Fire Operations; Fire Prevention)	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Employer information; Employment address	
117. A-65 Explosive Magazine Report (Fire Operations; Fire Prevention)	Name; Employer information	In order to comply with federally mandated regulations concerning explosive magazines
118. A-67 Explosive Magazine Slip (Fire Operations; Fire Prevention)	Name; Signature; OTHER: Location; Certificate of Fitness; Number License Number;	In order to comply with federally mandated regulations concerning explosive magazines
119. A-200 Criminal Summons Court Case Record (Fire Operations; Fire Prevention; Legal Enforcement)	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Any scheduled court appearances; OTHER: Summons Number; Account Number; Docket Number	
120. Light Duty Assignment (Fire Operations— Administration)	Name; Employment status; Employment address; Health information; Signature	Allow for leadership to manage light duty positions and leaves
121. FS-112 Lost Equipment (Fire Operations— Administration)	Name; Employment status; Employer information; Employment address; Date and/or time of release from custody of ACS, DOC, or NYPD; Signature	Provide a chain of custody to account for lost equipment
122. Lost ID and Badge Memo (Fire Operations— Administration)	Name; Current and/or previous home addresses; Gender identity; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Information obtained from any surveillance system operated by, for the benefit of, or at the direction of the NYPD; Signature	Maintain chain of custody and interface with NYPD investigation
123. 10-35 Application (Fire Operations)	Name; OTHER: Rank; Unit location	Automated processes for 1035 incidents/NOV generation, self-assign, inspection and reporting. The process concludes with sending the completed NOV service to ECB for next step in the legal process.

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124. Legacy BISP-Apparatus Field and Development System (Fire Operations)	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; OTHER: Title/Rank	This Legacy apps is used to track inspections and violation
125. RBIS-Risk Based Inspection System (Fire Operations)	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; OTHER: Title/Rank	Captures Inspection, violation (NOV, VO), Summons, auto schedule inspection based on Risk scores, annual inspection rules, CDA inspection rules etc.
126. FDD-Full Duty Desk (Fire Operations)	Name; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; OTHER: Badge/Shield Number; Reference number; Title/Rank	This application is used by Full Duty Desk to track all the members going back to full duty after Medical leave or Light Duty
127. LDD-Light Duty Desk (Fire Operations)	Name; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; OTHER: Badge/Shield Number; Reference number; Title/Rank	This application is used by Light Duty Desk to track all the members going to Lite duty after Medical leave or Full Duty
128. RSG-Roster Staffing System (Firefighter) (Fire Operations)	Name; OTHER: Badge/Shield Number; Reference number; Title/Rank	Firefighter Roster staffing tracks staffing of all the firehouses by tracking mutuals, vacations, trainings, medical leave, light duty.
129. RSG-Roster Staffing System (Officer) (Fire Operations)	Name; OTHER: Badge/Shield Number; Reference number; Title/Rank	Officer Roster staffing just went live and tracks staffing of all the officers, chiefs staffing by tracking mutuals, vacations, trainings, medical leave, light duty.
130. eBF4-Electronic Ride List (FIRE/EMS) (Fire Operations; EMS Operations)	Name; OTHER: Badge/Shield Number; Reference number; Title/Rank	Electronic riding list application backend id supported by BTDS; this captured all the members reporting to duty at all the fire stations.
131. PSS Checklist (Fire Operations)	Name; OTHER: Badge/Shield Number; Reference number; Title/Rank	Personal Safety Equipment Verification System
132. CD-61 Completion Report - Semi Annual Inspection of Hydrants (Fire Operations)	Name; Signature; OTHER: Rank; Unit; Group	

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133. CD-80 Annual Inspection Report-Uniforms and Equipment (Fire Operations)	Name; Signature	To monitor the condition of firefighter personal protective equipment (PPE) and other firefighting tools in each company. Completed by the company officer and disclosed to higher ranks in the chain of command of fire operations up to the Chief of Fire Operations. This information is used to create a CD-80a report.
134. CD-63 Defective Hydrant Report (Fire Operations)	Signature; Contact information (e.g., phone or email); OTHER: Group; Company	Disclosed to DEP
135. CD-80a Annual Inspection Report—Uniforms and Firefighting Equipment (Fire Operations)	Name; Signature; OTHER: Group number; Company Number; Battalion number	The report generated from the collection of information in a CD-80. To monitor the condition of firefighter personal protective equipment (PPE) and other firefighting tools in each company. Completed by the company officer and disclosed to higher ranks in the chain of command of fire operations up to the Chief of Fire Operations.
136. Arrest of Member (Fire Operations)	Name; Arrest record or criminal conviction; Date and/or time of release from custody of ACS, DOC, or NYPD; Any scheduled court appearances; Signature; OTHER: Reference Number; Group/Duty Status; Complaint Number	Document detailing a member's arrest. Used in disciplinary decisions.
137. Special Assignment Officers Activity Report (Fire Operations)	Name; Signature; OTHER: Reference Number; Assigned Unit	Employee work log done while on a special assignment
138. Request for Excusal from Duty to Attend U.F.A. Meeting (Fire Operations)	Name; Signature; OTHER: Rank	Request to attend a union meeting during work hours
139. Request for Excusal from Duty to Attend U.F.O.A. Meeting (Fire Operations)	Name; Signature; OTHER: Rank	Request to attend a union meeting during work hours
140. Company Roster (Fire Operations)	Name; OTHER: Rank	List of on-duty members at a fire company for a shift

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141. New York City Department of Citywide Administrative Services Certification of Dual Employment <i>(Fire Operations)</i>	Name; Contact information (e.g., phone or email); Current and/or previous home addresses; Employer information; Employment address; Social Security Number; Signature; OTHER: Rank/Title	Disclosed to DCAS
142. Emergency Roll Call Information <i>(Fire Operations)</i>	Name; OTHER: Rank; Incident Address	
143. BITS Report <i>(Fire Operations—FDNY Operations Center)</i>	Name; OTHER: Disciplinary History; Violation/Infraction	Information is collected to disclose to our Inspector General and the Bureau of Trial and Investigations.
144. Burn Member Notification <i>(Fire Operations—FDNY Operations Center)</i>	Name; OTHER: Injury Information	The information is collected and disclosed for our Safety Operating Battalion and staff chiefs.
145. Death of Member <i>(Fire Operations—FDNY Operations Center)</i>	Name; Date of birth; Contact information (e.g., phone or email); Religion	The information is collected and disclosed for the Ceremonial Unit.
146. Mutual Exchange of Vacation Leave – Officer <i>(Fire Operations—Division of Staffing Coordinators)</i>	Name; Employer information; Employment address; Signature; OTHER: Reference Number; Rank; Unit	To allow employees to switch shifts with one another
147. Mutual Exchange of Vacation Leave – Firefighter <i>(Fire Operations—Division of Staffing Coordinators)</i>	Name; Employer information; Employment address; Signature; OTHER: Reference Number; Rank; Unit	To allow employees to switch shifts with one another
148. Special Vacation Request <i>(Fire Operations—Division of Staffing Coordinators)</i>	Name	To request a non-scheduled vacation.
149. BP-150 Request for Extra-Department Employment <i>(Fire Operations—Uniformed Personnel)</i>	Name; Contact information (e.g., phone or email); Current and/or previous home addresses; Employer information; Employment address; Signature; OTHER: Rank/Title	To request permission to pursue employment in addition to current role in the FDNY
150. Individual and Unit Citation Recommendation Forms <i>(Fire Operations—Board of Merit)</i>	Name; Contact information (e.g., phone or email); Employer information; Employment address; OTHER: Rank/Title	Forms are collected to assist determining awards
151. Board of Merit Medal Day Book <i>(Fire Operations—Board of Merit)</i>	Name; Employer information; Employment Address; OTHER: Rank/Title	Medal Day Book is available to the public
152. eCMS <i>(Fire Operations—Marine Operations)</i>	Name; Motor vehicle information; Signature; OTHER: Rank/Title; Reference Number/Shield Number/Badge Number	Enterprise management system that monitors the Marine Operations fleet and

Record Name <i>(Bureau)</i>	Identifying Information Collected	Record Description
		equipment associated with marine operations.
153. Accela Fires <i>(Fire Prevention)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Signature. EIN	Information is collected and disclosed by Fire Prevention utilizing this application as of 9/3/2021
154. TM-1 Form As of 9/3/2021 transitioned to Accela Fires <i>(Fire Prevention)</i>	Name; Contact information (e.g., phone or email); Employer information; Employment address; Scheduled appointments with any employee, contractor, or subcontractor; Signature	To conduct FDNY authorized business.
155. Fire Prevention Information Management System (FPIMS) As of 9/3/2021 transitioned to Accela Fires <i>(Fire Prevention)</i>	Name; Current and/or previous home addresses; Scheduled appointments with any employee, contractor, or subcontractor; Signature; OTHER: Status of installation, violation orders, summonses	Information is collected for a means of building history
156. FDNY Permit Accounts As of 9/3/2021 transitioned to Accela Fires <i>(Fire Prevention)</i>	Employer information; Employment address	Permit information
157. Criminal Summons As of 9/3/2021 captured in Accela Fires <i>(Fire Prevention; Legal Enforcement)</i>	Name; Date of Birth; Place of Birth; Current and/or previous home addresses; Gender identity; Race; Contact information (e.g., phone or email); Motor vehicle information; Any scheduled court appearances; Signature	Disclosed to the Enforcement Unit and Law Department.
158. FDNY Summons As of 9/3/2021 captured in Accela Fires mostly <i>(Fire Prevention)</i>	Name; Contact information (e.g., phone or email); Employer information; Employment address; Any scheduled court appearances; Signature	Disclosed to the Enforcement Unit. Also, we direct public inquiries to reach out to the Environmental Control Board since they have web portals to access violation.
159. Inspection Survey As of 9/3/2021 transitioned to Accela Fires <i>(Fire Prevention—District Offices Headquarters Unit)</i>	Name; Contact information (e.g., phone or email); Employer information; Employment address	To identify property ownership, business information, items requiring a permit and any enforcement measure undertaken.
160. Personnel Emergency Contact Form <i>(Fire Prevention—District Offices Headquarters Unit)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Contact information (e.g.,	Disclosed internally, specifically when assigned to a Unit.

Record Name (Bureau)	Identifying Information Collected	Record Description
	phone or email); Employment address; Motor vehicle information	
161. Application for a DOT parking placard (Fire Prevention—District Offices Headquarters Unit)	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Motor vehicle information; Signature	Disclosed internally for the purpose of issuance of a DOT parking placard.
162. Sprinkler, Standpipe Test Report (Fire Prevention—Suppression Unit, Sprinkler & Standpipe) As of 9/3/2021 transitioned to Accela Fires	Name; Current and/or previous home addresses; Employer information; Employment address; OTHER: Information geared to sprinkler, standpipe components	Billing information
163. FP-83 (Standpipe), FP-82 (Sprinkler) (Fire Prevention—Suppression Unit, Sprinkler & Standpipe) As of 9/3/2021 transitioned to Accela Fires	Name; Current and/or previous home addresses; Employer information; Employment address; OTHER: Information geared to sprinkler, standpipe components	
164. CDA-1 (Fire Prevention—Construction, Demolition and Abatement) As of 9/3/2021 transitioned to Accela Fires	Name; Current and/or previous home addresses; Employer information; Employment address; OTHER: Information about building construction (height, area)	
165. CDA Inspection Report (Fire Prevention—Construction, Demolition and Abatement) As of 9/3/2021 transitioned to Accela Fires	Name; Current and/or previous home addresses; Employer information; Employment address; OTHER: Information about building construction (height, area)	Billing information
166. Onsite Database (Fire Prevention—High Rise Unit) As of 9/3/2021 transitioned to Accela Fires	Name; Contact information (e.g., phone or email); Scheduled appointments with any employee, contractor, or subcontractor; Social Security Number; Signature	It is part of qualifying a candidate for fire and life safety director.
167. Certificate of Fitness Database (Fire Prevention—High Rise Unit) As of 9/3/2021 transitioned to Accela Fires	Name	
168. High Rise Residential nonsequential plan (Fire Prevention—High Rise Unit)	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Contact information (e.g.,	

Record Name (Bureau)	Identifying Information Collected	Record Description
	phone or email); Employment status; Employer information; Employment address; Signature, EIN	
<p>169. Fire Safety Plans (<i>Fire Prevention—Technology Management--Fire Safety Emergency Action Policy</i>)</p> <p>As of 9/3/2021 transitioned to Accela Fires</p>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Social Security Number; Signature	This unit identifies qualified staffing to serve in buildings' fire safety programs. They are listed in their fire safety plan. Those listed must receive pertinent training.
<p>170. Comprehensive/Combined Emergency Action Plan (<i>Fire Prevention—Technology Management--Fire Safety Emergency Action Policy</i>)</p> <p>As of 9/3/2021 transitioned to Accela Fires</p>	Name; Date of Birth; Current and/or previous home addresses; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Social Security Number; Signature	This unit identifies qualified staffing to serve in buildings' fire safety programs. They are listed in their fire safety/EAP plan. Those listed must receive pertinent training.
<p>171. EAP FSP Database (<i>Fire Prevention—Technology Management--Fire Safety Emergency Action Policy</i>)</p> <p>As of 9/3/2021 transitioned to Accela Fires</p>	Name; Employment status; Employer information; Employment address; Social Security Number	This unit monitors building fire safety personnel for buildings across the city and verifies accuracy by personal information.
<p>172. Fire Alarm Database (<i>Fire Prevention—Technology Management--Certificate of Approval-Fire Alarm Control Panel</i>)</p> <p>As of 9/3/2021 transitioned to Accela Fires</p>	Name; Contact information (e.g., phone or email); Signature	Collected for contact purposes
<p>173. Account Folders (<i>Fire Prevention—Public Assembly Unit</i>)</p> <p>As of 9/3/2021 transitioned to Accela Fires</p>	Name; Contact information (e.g., phone or email); Signature	Collected by request of building owner or freedom of information act
<p>174. Range hood Fire Suppression Plan Review (<i>Fire Prevention—Technology Management--Range hood</i>)</p> <p>As of 9/3/2021 we have transitioned to Accela Fires</p>	Name; Contact information (e.g., phone or email); Employer information; Employment address; Signature	We need to respond to applicant with the information provided.

Record Name <i>(Bureau)</i>	Identifying Information Collected	Record Description
175. TM-5 Application for Rooftop Access Variance/Plan Review <i>(Fire Prevention—Technology Management—Rooftop)</i> As of 9/3/2021 we have transitioned to Accela Fires	Name; Contact information (e.g., phone or email); Employer information; Employment address; Signature	To contact applicant regarding questions on applications and sending correspondence.
176. Fire Prevention Plan Storage - Rooftop Plans <i>(Fire Prevention—Technology Management—Rooftop)</i> As of 9/3/2021 we have transitioned to Accela Fires	Name; Contact information (e.g., phone or email); Employer information; Employment address; Signature	To contact applicant regarding questions on applications and sending correspondence.
177. Letter of Approval/Disapproval <i>(Fire Prevention—Technology Management--Certificate of Approval-Fire Equipment; Legal Enforcement Unit)</i> As of 9/3/2021 we have transitioned to Accela Fires	Name; Date of Birth; Current and/or previous home addresses; Employment address; Any scheduled court appearances; Contact information (e.g., phone or email);	Letter of Approval/Disapproval generated from FPIMS. Notifying petitioner that their fire equipment has been approved or disapproved
178. Form B-45M – Form B-45 <i>(Fire Prevention—Fire Alarm Inspection Unit)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Scheduled appointments with any employee, contractor, or subcontractor; Signature	For contact purposes only.
179. A-234 District Office Referral (Permits) <i>(Fire Prevention—District Office)</i> As of 9/3/2021 we have transitioned to Accela Fires	Name; Employer information; OTHER: Address of inspected location	
180. A-244 Sprinkler System Report <i>(Fire Prevention—Sprinkler & Standpipe)</i> As of 9/3/2021 we have transitioned to Accela Fires	Name; Contact information (e.g., phone or email); Signature; OTHER: Premises address; Certificate of Occupancy Number; BIN #	
181. A-244 Sprinkler Progress Report As of 9/3/2021 we have transitioned to Accela Fires <i>(Fire Prevention—Sprinkler & Standpipe)</i>	Signature; OTHER: Sprinkler Order Number; Division/Battalion/Company; Premises Address	
182. A-285A - N.Y.C. Transit Authority Subway Emergency	Signature; OTHER: Division/Battalion/Company	Disclosed to NYC Transit Authority.

Record Name (Bureau)	Identifying Information Collected	Record Description
Exits - Semi-Annual Report of Inspections (Fire Prevention)		
183. A-289 Sprinkler Order Enforcement As of 9/3/2021 we have transitioned to Accela Fires (Fire Prevention)	OTHER: Premises address; Division/Battalion/Company	
184. A-401 Official Notice of Inspection As of 9/3/2021 we have transitioned to Accela Fires (Fire Prevention)	Employer information; Employment address; OTHER: Premises address	To inform owner that the premises was not able to be inspected.
185. A-500 Standpipe Sprinkler Out of Service As of 9/3/2021 we have transitioned to Accela Fires (Fire Prevention— Sprinkler & Standpipe)	Name; Signature; OTHER: Premises address; Title; Borough/Division/Battalion/Unit	
186. AST-1 - Aboveground Petroleum Storage Tank (AST) Inspection Checklist (Fire Prevention)	Name; Employment Status; Employer Information; Signature	Collected to manage expenses.
187. A-24 Personal Expense (Fiscal Forms)	Name; Employer information; Employment address; Signature	
188. Determination of Award (Fiscal)	Name; Contact information (e.g., phone or email); Employer information; Employment address; Social Security Number; Signature; OTHER: Employee Identification Number	
189. FS-1 Determination of Award (for small purchases of \$250 or less) (Fiscal)	Name; Contact information (e.g., phone or email); Employer information; Employment address; Social Security Number; Signature; OTHER: Employee Identification Number	
190. Managed Spend Card— Usage Log and Acknowledgement (Fiscal)	Name; Employment address; Signature; OTHER: Title	To manage special outlying expenses
191. Managed Spend Card— Transfer Form (Fiscal)	Name; Contact information (e.g., phone or email); Employment address; Signature; OTHER: Title; Payroll Reference Number	To manage special outlying expenses
192. Managed Spend Card—User Acknowledgement (Fiscal)	Name; Signature	To manage special outlying expenses

Record Name (Bureau)	Identifying Information Collected	Record Description
193. Project Tracking Budget Modification Request (Fiscal)	Name; Signature	Request to modify the budget of a project
194. One Bid Letterhead (Fiscal)	Name; Signature; OTHER: Title	Letterhead contains the name, title and signature of the point of contact for the bid.
195. Request for Price Quote (Fiscal)	Name; Contact information (e.g., phone or email); Signature; OTHER: Title; Federal Tax ID/Social Security Number	Request for quote on an item/service
196. State Contract Purchases (Fiscal)	Name; Signature; OTHER: Title	To monitor purchases made under a state contract
197. Substitute W-9 Form (Fiscal)	Name; Contact information (e.g., phone or email); Employer information; Employment address; Signature; OTHER: Taxpayer Identification Number	
198. Grant Micro-Purchase Tabulation Sheet (Fiscal)	Name; Contact information (e.g., phone or email); Employer information; Employment address; Signature	To monitor purchases made from grant funds
199. Payroll & Timekeeping records and shared drive (Fiscal)	Name; Palm and Handprints; Address; Email; Phone Number; Date of Birth; Martial or Partnerships Status; Employment Status; Employer Information; Employer Address; Motor Vehicle Information	Collected for the purposes of managing the payroll and timekeeping function as well as sharing with FISA-OPA (oversight purposes), FISA, DCAS, OLR, Comptroller, Law Department, DOI, Pension Systems
200. Budget shared drive (Fiscal)	Name; Employer information	Collected for the purpose of hiring and sharing with OMB and OLR (collective bargaining)
201. Passport system, eCMS, Old Access Database (Fiscal)	Name; Taxpayer ID; Fingerprints; Current or Previous Address; Email Address; Phone Number; Country of Origin; Date of Birth; Gender Identity; Nationality; Race; Employment Status; Employer Information; Employment Address; Any Scheduled Appointment; Income Tax Information; Motor Vehicle Information; Arrest Record Or Criminal Conviction; IP Address	This information is collected for procumbent bases to share with general public, all city agencies, public authorities and state agencies

Record Name <i>(Bureau)</i>	Identifying Information Collected	Record Description
202. EAM/NetworkFleet <i>(Fleet Services)</i>	Name; Motor vehicle information	Personnel tracking and vehicle utilization and work order records
203. Fleet Focus <i>(Fleet Services)</i>	Date of birth; Current and/or previous home addresses; Marital or partnership status; Contact information (e.g., phone or email); Employment status; Employment address; Motor vehicle information	DCAS requires this information.
204. Internal Fleet tracking database <i>(Fleet Services)</i>	Motor vehicle information	We collect in order to keep track and provide various reports to HQ
205. Fleet Services Employee spreadsheet <i>(Fleet Services)</i>	Name; Date of Birth; Current and/or previous home addresses; Marital or partnership status; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Motor vehicle information	To maintain employee records
206. Vehicle repair/maintenance/accident <i>(Fleet Services)</i>	Date of birth; Current and/or previous home addresses; Motor vehicle information	Insurance claims
207. Vehicle Track (Review Ave Shop) <i>(Fleet Services)</i>	Motor vehicle information	Vehicle availability
208. Summonses spreadsheet <i>(Fleet Services)</i>	Name; Employment address; Motor vehicle information	In order to determine employee responsibility, with regards to summonses.
209. FDNY External Affairs Contacts <i>(Intergovernmental Affairs)</i>	Name; Contact information (e.g., phone or email); Employment status; Employer information; Employment address	It's a contact list for the officials and agencies with whom we work.
210. EXPRESSION OF INTEREST: FDNY Fire and Emergency Medical Services Exploring Program <i>(Youth Workforce & Pipeline Programs)</i>	Name; Date of Birth; Gender identity; Race; Contact information (e.g., phone or email); OTHER: Last 4 digits of Social Security Number	The information is collected to create a database of young people interested in becoming part of the Exploring Program. Once a young person takes the steps to actually enroll in the program the information is disclosed to Learning for Life, the umbrella organization that oversees all Exploring Programs. The young people are registered and insured through Learning for Life.

Record Name <i>(Bureau)</i>	Identifying Information Collected	Record Description
211. EXPRESSION OF INTEREST: FDNY Captain Vernon A. Richard High School for Fire and Life Safety <i>(Youth Workforce & Pipeline Programs)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Race; Contact information (e.g., phone or email); OTHER: Last 4 digits of Social Security Number; Parent information; School information	The information is collected to track students who are interested in, perhaps, enrolling in the FDNY High School. The information is maintained in a database in order to continue to engage potential students by inviting them to Open House Events, etc. The information is disclosed to our partners in the Department of Education who work at the FDNY High School.
212. EXPRESSION OF INTEREST: Youth EMS Academy <i>(Youth Workforce & Pipeline Programs)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Race; Contact information (e.g., phone or email); OTHER: Last 4 digits of Social Security Number; High School Information including graduation date	The information is collected to track young people interested in enrolling in the FDNY Youth EMS Academy. The information is maintained in a database in order to continue to engage interested youth by inviting to Open House events, etc. Some of the information is disclosed to outside organizations that provide us with grant funds for the program.
213. FDNY Youth Leadership Academy Application <i>(Youth Workforce & Pipeline Programs)</i>	Name; Date of Birth; Current and/or previous home addresses; Contact information (e.g., phone or email); Health information; OTHER: Parent/guardian information; Grade/cohort; Shirt Size, Pant size, boot size	The information is collected to track students applying for the Youth Leadership Academy. The information is kept in a database to continue to keep in contact with the students, and to maintain emergency contact information for participants in the program.
214. Physical Training Medical Clearance Form with a release form <i>(Youth Workforce & Pipeline Programs)</i>	Name; Health Information; Signature; OTHER: Physician information; Physician signature	To ensure that youth participating in the Leadership Academy are medically cleared to participate in the physical training component of the program.
215. Physical Training Release form	Name; Place of Birth; Signature; OTHER: Signature of parent/guardian	Legal

Record Name (Bureau)	Identifying Information Collected	Record Description
<i>(Youth Workforce & Pipeline Programs)</i>	if youth is younger than 18 years of age	
216. EXPRESSION OF INTEREST: Fire Cadet Academy <i>(Youth Workforce & Pipeline Programs)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Race; Contact information (e.g., phone or email); OTHER: Last 4 digits of Social Security Number; Parent information; School information	Information collected for interest in the program - shared with Recruitment and Retention
217. Financial information for stipends <i>(Youth Workforce & Pipeline Programs)</i>	Name, Routing Number, Bank Account Type	for weekly stipends while in Youth EMS Academy and only shared with FDNY Foundations (pay the stipends) and Recruitment
218. Digital library of participants <i>(Youth Workforce & Pipeline Programs)</i>	Name, Photographs, Videos	photos taken for social media
219. Applications of Youth EMS Academy <i>(Youth Workforce & Pipeline Programs)</i>	Name, Address, Email, Phone, Dob, Gender, Race, Ethnicity	Applications for programs
220. CPR Training System <i>(Community Affairs)</i>	Name; Contact information (e.g., phone or email); Signature	To determine who signs up and completes CPR trainings
221. Grants Application Template <i>(Grant Development)</i>	Contact information (e.g., phone or email)	Managing grant-funded items.
222. Preparedness training and/or cost associate with any grant funded personal service activity <i>(Grant Development)</i>	Name, rank, employee ID	Collection and disclosure to OMB and then NY State/FEMA or any grant holder (State, Federal Agencies).
223. COVID related Grant Activity (testing) <i>(Grant Development)</i>	Name, medical information	Collecting and disclosing information related compensation under a grant
224. Digital Signature Consent - HIPAA, WTCHP Participation, WTC PHI to BHS, BHS PHI to WTC, Research, X-Ray <i>(WTC Health Program Clinical and Data Center)</i>	Name; signature; Social Security Number; DOB; medical record number; Gender	For the purposes of providing treatment and research consent (in certain situations)
225. WTC Health Program Medical Record <i>(WTC Health Program Clinical and Data Center)</i>	Name; SSN; DOB; Home address, email address, phone number; marital status	Healthcare program collecting information in relation to the monitoring of and treatment for WTC-related disease, disclosures occur within the bounds of

Record Name (Bureau)	Identifying Information Collected	Record Description
		treatment payment and operations
226. Mental Health Treatment Record (Health Services)	Name; SSN; Date of birth; medical record number; home addresses; Gender identity; Race; Marital or partnership status; Sexual orientation; email address; phone number; Employment status	Information collected for the purpose of treating mental health disorders. Information disclosed to BHS Psychiatrist on staff and Legal upon request; also, to NIOSH and its subcontractors for certification of WTC-related MH disorders
227. AUT- Autoimmune System (Health Services)	Name; Contact information (e.g., phone or email); OTHER: Patient care history	Track Auto Immune disease
228. CAN-Cancer Monitoring Registry System (Health Services)	Name; Contact information (e.g., phone or email); OTHER: Patient care history	Tracks cancer patient registry and diagnosis
229. CSU Family (Health Services)	Name; Contact information (e.g., phone or email); OTHER: Patient care history	Family member database
230. Counseling Service Unit Referral (Health Services)	Name; Contact information (e.g., phone or email); OTHER: Title; Unit;	To refer members to CSU for intervention
231. Digital Signature Consent - HIPAA, WTCHP Participation, WTC PHI to BHS, BHS PHI to WTC, Research, X-Ray (Health Services)	Name; Social Security Number; Signature	To consent to the procedure. For the institutional review board
232. Workers Compensation Claims Packages - Report of Injury, Request for LODI (Health Services)	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Race; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Motor vehicle information; Health information; Status as crime victim or witness; Scheduled appointments with any employee, contractor, or subcontractor; Social Security Number; Signature	Workers Comp Claims are sent to NYC Law Dept. for EMS and civilian claims
233. Mental Health Records - Consultation Notes, Intake Forms (Health Services)	Name; Date of birth; Place of Birth; Current and/or previous home addresses; Gender identity; Race; Marital or partnership status; Sexual orientation; Contact information (e.g., phone or email); Employment status; Employer information; Motor vehicle	Available to BHS Psychiatrist on staff and Legal upon request

Record Name (Bureau)	Identifying Information Collected	Record Description
	information; Health information; Arrest record or criminal conviction; Date and/or time of release from custody of ACS, DOC, or NYPD; Any scheduled court appearances; Scheduled appointments with any employee, contractor, or subcontractor; Social Security Number; Signature	
234. CD-72, CD-73, MD-X3, MD-206, Annual Medical, External Reports (Health Services)	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Race; Contact information (e.g., phone or email); Nationality; Employment status; Employer information; Employment address; Motor vehicle information; Biometric information such as fingerprints and photographs; Scheduled appointments with any employee, contractor, or subcontractor; Social Security Number; Signature	To confirm in writing that a female patient is not pregnant before an X-Ray exam is performed.
235. OHM Application - Vision, Audiometry, Mask Fit, PFT, EKG (Health Services)	Name; Date of Birth; Race; Employment status; Employer information; Employment address; Social Security Number	Medical Surveillance
236. Civilian Workers' Compensation System, PMS (Health Services—Civilian/EMS Compensation Unit)	Name; Date of Birth; Current and/or previous home addresses	Workers' compensation
237. Annual Medical Examination - Exam consists of PFT, EKG, Hearing, Vision, Vitals, Stair master, Blood work, Immunizations, NH Questionnaire/Interview. Chest X-Ray, Mask Fit, Drug Screen (Health Services - Civilian/EMS Compensation Unit; Firefighter Compensation Unit; World Trade Center Health Program; X-ray Unit)	Name; Date of Birth; Gender identity; Race; Employment status; Health information; Social Security Number; Signature	For Medical Monitoring, Candidate Evaluations, and Duty Determination
238. Radiology Information System (RIS) (Health Services—X-ray Unit)	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Health information; Social Security Number; OTHER: Patient	Patient registration, identification, contact information. In order to identify the type of X-Ray studies performed, for whom and when they were performed. To see a

Record Name (Bureau)	Identifying Information Collected	Record Description
	ID; Patient's Employee ID; Accession # of X-Ray study performed and type of X-Ray study performed	patient's X-Ray exam history in RIS. To create X-Ray exam orders for patients in RIS, which are completed electronically so that an electronic report (documenting the results for each X-Ray study) for each exam/study can be created by a Radiologist from Brightview Radiology.
239. PACS (Health Services—X-ray Unit)	Name; Date of Birth; Gender identity; Sexual orientation; Employment status; Employer information; Employment address; Health information; Social Security Number; OTHER: Patient ID; Last 4 Digits of Patient's Social Security #; Accession # of X-Ray studies performed and type of X-Ray studies performed	Patient identification. In order to identify the type of X-Ray studies performed, for whom and when they were performed. To see a patient's X-Ray exam history in PACS. To view X-Ray images for each study in PACS. The viewing of these images allows an electronic report (documenting the results for each X-Ray study) for each exam/study to be created by a Radiologist from Brightview Radiology.
240. X-Ray Film\Film Jackets (Health Services—X-ray Unit)	Name; Date of Birth; Gender identity; Employment status; Employer information; Employment address; Health information; Social Security Number	To store patients' X-Ray films and reports (inside film jackets) in the X-Ray file room as a record of the X-Ray exam history at FDNY.
241. X-Ray Request Forms (Health Services—X-ray Unit)	Name; Date of birth; Employment status; Employer information; Employment address; Health information; Signature	To obtain the patient's consent to perform any X-Ray exam that was required at the time of their visit. These forms were also used by FDNY physicians to order X-Ray exams for active FDNY Firefighters/EMS, WTC Retirees and Fire/EMS Candidates.
242. Radiation Exposure, Diagnostic X-Ray, Radiotherapy Record Cards (Health Services—X-ray Unit)	Name; Date of Birth; Contact information (e.g., phone or email); Employment status; Employer information; Social Security Number; Signature; OTHER: Patient ID; Badge	It was the method FDNY used to keep a record of the X-Rays patients received at FDNY.

Record Name <i>(Bureau)</i>	Identifying Information Collected	Record Description
	Number; Unit and type of X-Ray exam received.	
243. X-Ray Reports <i>(Health Services—X-ray Unit)</i>	Name; Date of Birth; Gender identity; Employment status; Employer information; Employment address; Health information; Social Security Number; OTHER: Patient ID; Patient's Social Security Number; Accession # and type of X-Ray exam performed	An X-Ray report is generated by a Radiologist after each X-Ray exam performed to document the results. This information is shared with the third-party vendor who mails out the report.
244. MRI Films <i>(Health Services—X-ray Unit)</i>	Name; Date of Birth; Gender identity; Social Security Number; OTHER: Patient ID; Patient's age; Patient's Social Security Number; Patient's Medical Record Number (MRN); Accession # and type of MRI exam performed	Patients drop off any MRIs that were ordered by an FDNY physician to the X-Ray Unit for filing. FDNY physicians request MRIs that they order for their patients, be filed in the X-Ray Unit.
245. MRI Discs <i>(Health Services—X-ray Unit)</i>	Name; Date of Birth; Gender identity; Social Security Number; OTHER: Patient ID; Patient's age; Patient's Social Security Number; Patient's Medical Record Number (MRN); Accession # and type of MRI exam performed	Patients drop off any MRIs that were ordered by an FDNY physician to the X-Ray Unit for filing. FDNY physicians request MRIs that they order for their patients, be filed in the X-Ray Unit.
246. MRI Reports <i>(Health Services—X-ray Unit)</i>	Name; Date of Birth; Gender identity; Contact information (e.g., phone or email); Social Security Number; OTHER: Patient ID; Patient MRN; Patient's Age; Accession # and type of MRI exam/procedure performed	An MRI report is generated by a Radiologist after each MRI exam/procedure performed to document the results.
247. Civil Service Certifications <i>(Human Resources)</i>	Name; Date of Birth; Current and/or previous home addresses; Contact information (e.g., phone or email); Social Security Number	Collected for the purposes of uniform promotions.
248. HRIS WheelDEX Access Request Form <i>(Human Resources)</i>	Name; Employment Status; Employer information; Employment address; Contact information (e.g., phone or email); Signature	To be added to the HRIS WheelDEX application in order to fulfill job functions
249. Demotions/ DP 72 FORM <i>(Human Resources)</i>	Name; Employment status; Employer information; Social Security Number; Signature	Transfers, demotions
250. LODI Package <i>(Human Resources—Absence Control Unit)</i>	Name; Date of Birth; Contact information (e.g., phone or email); Languages spoken; Employer information; Employment address; Social Security Number; Signature; OTHER: Body part injured or	For LODI Compliance Enforcement

Record Name (Bureau)	Identifying Information Collected	Record Description
	exposed; Payroll Reference Number; Medical Disposition from doctor	
251. Leave usage during LODI (Logs) <i>(Human Resources—Absence Control Unit)</i>	Name; Social Security Number; OTHER: Reference Number; leave type used; date and total hours	Keep track of member leave usage during LODI, total hours of usage will later send to payroll for deduction.
252. Absence Control tracking application <i>(Human Resources—Absence Control Unit)</i>	Name; Date of Birth; Contact information (e.g., phone or email); Employer information; Employment address; Social Security Number; Signature; OTHER: Body part injured or exposed; Payroll Reference Number; Medical Disposition from doctor	Software application provides tracking of all the EMS member on LODI and other leave, inspectors visits and comments
253. Personnel Transaction Request Form <i>(Human Resources—HR Processing)</i>	Name; Employer information; OTHER: ID Number	To process new hires
254. Vacancy Request Form <i>(Human Resources—HR Processing)</i>	Name; Employer information; Employment address; Signature; ID Number	To process the filling of a vacancy
255. Comprehensive Personnel Document (CPD-B) <i>(Human Resources—HR Processing)</i>	Name; Date of Birth; Current and/or previous home addresses; Contact information (e.g., phone or email); Citizenship/immigration status; Languages spoken; Employment status; Employer information; Employment address; Motor vehicle information; Biometric information such as fingerprints and photographs; Arrest record or criminal conviction; Social Security Number; Signature	Required for background check and employee records
256. OATH Form <i>(Human Resources—HR Processing)</i>	Name; Social Security Number; Signature; OTHER: Job title	Goes to City clerk/Proof of allegiance to the City
257. Fingerprint Verification Card <i>(Human Resources—HR Processing)</i>	Name; Date of Birth; Current and/or previous home addresses; Employment status; Employer information; Employment address; Biometric information such as fingerprints and photographs; Social Security Number; Signature; OTHER: Job title, exam list number	The information is only disclosed to DCAS if questions about civil service status arise.
258. Human Resources Management Information System (HRIS CD-6)	Name; Date of Birth; Current and/or previous home addresses; Marital or partnership status; Contact information (e.g., phone or email);	Used to collect information for the employee database, HRIS

Record Name (Bureau)	Identifying Information Collected	Record Description
<i>(Human Resources—HR Processing, other units also utilize)</i>	Social Security Number; Signature; OTHER: ID Number	
259. Designation of Beneficiary Form (for all employees) <i>(Human Resources—HR Processing)</i>	Name; Date of Birth; Current and/or previous home addresses; Contact information (e.g., phone or email); Employer information; Signature; OTHER: Job Title, Reference Number	Required document for the distribution of benefits
260. Familial Relationship Disclosure <i>(Human Resources—HR Processing)</i>	Name; Signature; OTHER: Family member names, familial relation, and job titles with the FDNY	To facilitate the assignment of personnel without conflict of interest
261. NYC Charter Agreement <i>(Human Resources—HR Processing)</i>	Name; Current and/or previous home addresses; Signature	Required by law at the hire of new employees
262. New Hire Summary Sheet <i>(Human Resources—HR Processing)</i>	Name; Current and/or previous home addresses; Employer information; Employment address; Social Security Number	Required for employee's PRF
263. Agency Shop Fee Agreement <i>(Human Resources—HR Processing)</i>	Name; Employment Address; Social Security Number; Signature	Union receives information. For union enrollment
264. NYCAPS New Hire Packet-- Personal Data <i>(Human Resources—HR Processing)</i>	Name; Date of Birth; Current and/or previous home addresses; Marital or partnership status; Contact information (e.g., phone or email); Citizenship/immigration status; Motor vehicle information; Social Security Number; Signature; OTHER: Education; Military Status; Emergency Contacts	Required for employee's processing
265. Update Personnel Document <i>(Human Resources—HR Processing)</i>	Name; Citizenship/immigration status; Employment status; Employer information; Employment address; Arrest record or criminal conviction; Social Security Number; Signature; OTHER: Military information; Education change; Reference Number; Job Title	Required document for employee records
266. EEO Self-Identification Form <i>(Human Resources—HR Processing)</i>	Name; Date of Birth; Gender identity; Race; Social Security Number; Signature; OTHER: Veteran Status	Required for employees' self-identification status
267. Affidavit of Residency <i>(Human Resources—HR Processing)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Employer information; Employment address;	Required document for employee to attest to compliance with the job's residency requirements

Record Name <i>(Bureau)</i>	Identifying Information Collected	Record Description
	Social Security Number; Signature; OTHER: Job Title	
268. Acknowledgement of receipt <i>(Human Resources—HR Processing)</i>	Name; Employer information; Employment address; Signature	Required document for employee to acknowledge their receipt of the Technology Limited Use Policy
269. Acknowledgement of Review (Limited Use Technology Policy) <i>(Human Resources—HR Processing)</i>	Name; Signature	Required document for employee to acknowledge their understanding of the Limited Use Policy.
270. Receipt of Federal Drug-Workplace Act of 1988 <i>(Human Resources—HR Processing)</i>	Name; Signature; OTHER: Job Title	Required document to acknowledge receipt of Federal Drug policy document
271. Receipt--Chapter 49 NYC Charter <i>(Human Resources—HR Processing)</i>	Signature	Required document to acknowledge receipt of policy
272. Acknowledgement of receipt--FDNY Civilian Code of Conduct and Limited Use Policy <i>(Human Resources—HR Processing)</i>	Name; Employer information; Employment address; Signature	Required document for acknowledging receipt of policy
273. Request for FDNY identification card or access <i>(Human Resources—HR Processing)</i>	Name; Date of Birth; Employment status; Employer information; Employment address; Social Security Number; Signature; OTHER: Badge Number; Job Title	Required for employee to be issued an ID card
274. Employee's Withholding Allowance Certificate (W-4) <i>(Human Resources—HR Processing)</i>	Name; Current and/or previous home addresses; Marital or partnership status; Social Security Number; Signature; OTHER: Tax deductions	Required for payroll processing for tax exemptions
275. Transit benefit Plans <i>(Human Resources—HR Processing)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Signature; OTHER: Employee Reference Number	MTA gets information to obtain transit benefits for the employee
276. Direct Deposit of Net Pay Enrollment Form <i>(Human Resources—HR Processing)</i>	Name; Contact information (e.g., phone or email); Employer information; Signature; OTHER: Bank account number; Employee ID number	Bank receives the information to enroll the employee in direct deposit
277. Health Benefits Application <i>(Human Resources—Health Benefits and Leave Unit)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Marital or partnership status; Contact information (e.g., phone or	Required to verify benefits

Record Name <i>(Bureau)</i>	Identifying Information Collected	Record Description
	email); Employer information; Employment address; Income tax information; Social Security Number; Signature	
278. Medical Spending Conversion--Benefits Buy Out <i>(Human Resources—Health Benefits and Leave Unit)</i>	Name; Date of Birth; Current and/or previous home addresses; Marital or partnership status; Contact information (e.g., phone or email); Employment status; Income tax information; Social Security Number; Signature	Required to verify employee's status
279. Application for Management Benefits <i>(Human Resources—Health Benefits and Leave Unit)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Marital or partnership status; Contact information (e.g., phone or email); Employer information; Social Security Number; Signature	Required to verify enrollment
280. FMLA Leave--Medical <i>(Human Resources—Health Benefits and Leave Unit)</i>	Name; Current and/or previous home addresses; Marital or partnership status; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Health information; Social Security Number; OTHER: ID number	To process FMLA leaves
281. FMLA--Childcare <i>(Human Resources—Health Benefits and Leave Unit)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Employment status; Employer information; Signature; OTHER: ID number	To process FMLA leaves
282. Physician Certification <i>(Human Resources—Health Benefits and Leave Unit)</i>	Name; Contact information (e.g., phone or email); Signature	To process leaves/advances/grants
283. Request for Extended Leave <i>(Human Resources—Health Benefits and Leave Unit)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Employment status; Employer information; Signature; OTHER: ID number	To process leaves
284. Paid Parental Leave <i>(Human Resources—Health Benefits and Leave Unit)</i>	Name; Current and/or previous home addresses; Marital or partnership status; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Social Security Number; Signature	To process Paid Parental leaves
285. Resignation Form <i>(Human Resources—Health Benefits and Leave Unit)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Employment status;	Processing of resignation

Record Name <i>(Bureau)</i>	Identifying Information Collected	Record Description
	Employer information; Employment address; Social Security Number; Signature; OTHER: ID Number	
286. Retirement Form <i>(Human Resources—Health Benefits and Leave Unit)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Social Security Number; Signature; OTHER: ID Number	Process Retirement
287. L20 Leave of Absence <i>(Human Resources—Health Benefits and Leave Unit)</i>	Name; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Social Security Number; Signature; OTHER: ID Number	Process L20 leave
288. Leave to Express Breast Milk <i>(Human Resources—Health Benefits and Leave Unit)</i>	Name; Contact information (e.g., phone or email); Employer information; Signature; OTHER: ID Number	To monitor expressing times
289. Dedicated Leave--Receive <i>(Human Resources—Health Benefits and Leave Unit)</i>	Name; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Signature; OTHER: ID Number	To process dedicated leave
290. Dedicated leave--Donate <i>(Human Resources—Health Benefits and Leave Unit)</i>	Name; Employment status; Employer information; Employment address; Signature; OTHER: ID Number	To process leave
291. Motor vehicle lookup <i>(Human Resources—Health Benefits and Leave Unit)</i>	Name; Motor vehicle information; OTHER: ID Number	Ensure valid license
292. NYCAPS <i>(Human Resources—Health Benefits and Leave Unit)</i>	Name; Employment status; OTHER: ID Number	Process money movement
293. Medical Chart Request <i>(Human Resources—Records Unit)</i>	Names, DOB, Social Security, Address, Signature, Driver's License Number	Obtain Insurance policy; Litigation; Disability hearing; VCF or NYCERS WTC claim
294. Employment Eligibility Verification (USCIS Form I-9) <i>(Human Resources—Candidate Investigation)</i>	Name; Date of Birth; Place of Birth; Nationality; Country of origin; Employment status; Employer information; Employment address; OTHER: Department orders, rank/promotions, assignments, height and weight, charges and outcomes, roll of merit.	To process new hires
295. Authorization for Release of Drivers Record Information <i>(Human Resources—Candidate Investigation)</i>	Name; Date of Birth; Current and/or previous home addresses; Motor vehicle information; Signature	To collect required information (driving record) for employment qualification

Record Name (Bureau)	Identifying Information Collected	Record Description
296. Certificate of Disposition (<i>Human Resources—Candidate Investigation</i>)	Name; Date of Birth; Arrest record or criminal conviction; Date and/or time of release from custody of ACS, DOC, or NYPD	Required for background processing
297. Employment Verification Form (<i>Human Resources—Candidate Investigation</i>)	Name; Current and/or previous home addresses; Employment status; Employer information; Employment address; Social Security Number; Signature	Required for background check for employment verification
298. Request Pertaining to Military Records (SF-180) (<i>Human Resources—Candidate Investigation</i>)	Name; Date of Birth; Place of Birth; Contact information (e.g., phone or email); Social Security Number; Signature	Required for background processing to ensure rights and benefits are granted
299. Familial Relationship Disclosure Form (<i>Human Resources—Candidate Investigation</i>)	Name; Signature	Required for processing to ensure compliance with COIB
300. Education Verification (<i>Human Resources—Candidate Investigation</i>)	Name; Date of Birth; Social Security Number; Signature	Required for background verification of education
301. Employee Declaration (<i>Human Resources—Candidate Investigation</i>)	Name; Signature	Required for record purposes and for compliance with rules and regulations
302. Candidate Investigation File (<i>Human Resources—Candidate Investigation</i>)	Name, social security number, tax id, fingerprints, photographs, current and or previous home address, email, phone, date of birth, marital status, nationality, race, religion, Citizenship or immigration status; Employment status; Status as a victim of domestic violence or sexual assault; Status as a crime victim or witness Employer information; Employment address; Any scheduled appointments with any employee, contractor, or subcontractor; Any scheduled court appearances; Eligibility for or receipt of public assistance or City services; Income tax information; Motor vehicle information; Arrest record or criminal conviction; Date and/or time of release from custody of ACS, DOC, or NYPD	Necessary for all candidates for the purposes of employment
303. Comprehensive Personnel Document (<i>Human Resources—Candidate Investigation</i>)	Name, social security, address, date of birth; arrest, motor vehicle history	Required document containing candidate information for processing new hires

Record Name <i>(Bureau)</i>	Identifying Information Collected	Record Description
304. Pre-application form (civilian) <i>(Human Resources—Candidate Investigation)</i>	Name, social security, address, date of birth	Required form for civilians for pre-approval prior to a more in-dept background information
305. Digital form to attend webinars <i>(Human Resources—Candidate Investigation)</i>	Name, email address, Any scheduled appointments with any employee, contractor, or subcontractor	Required registration information for information sessions held for candidates
306. Controlled Substance Audit Form <i>(Investigations & Trials)</i>	Name; Employer information; Employment address; Shield Number	It is a required procedure by the Department
307. Notice of Infraction (Municipal) <i>(Investigations & Trials)</i>	Name; Employer information; Employment address	Issued for a wide variety of violations
308. Notice of Infraction (Voluntary) <i>(Investigations & Trials)</i>	Name; Employer information; Employment address; Signature	Issued for a wide variety of violations
309. SIU Complaint Form <i>(Investigations & Trials)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Employer information; Employment address	The form is used by inspectors to record complaints. It is required by the Department
310. Request for Drug and/or Alcohol Retest (T-3 Form) <i>(Investigations & Trials)</i>	Name; Employment status; Employer information; Social Security Number; Signature; OTHER: Badge number	Drug and Alcohol Tests are mandated by the Department.
311. Chain of Custody (COC) Sample Tracking Form <i>(Investigations & Trials)</i>	Name; Employer information; Employment address; Signature	Form used by the unit and Quest Diagnostics to track the receipt of samples given for toxicology testing
312. Forensic Drug testing Custody and Control Form <i>(Investigations & Trials)</i>	Name; Employment status; Employer information; Employment address; Health information; Social Security Number; Signature; OTHER: Shield Number	Routine record for Department-mandated drug testing
313. Drug and/or Alcohol Testing Questionnaire <i>(Investigations & Trials)</i>	Name; Employment status; Employer information; Employment address; Health information; Social Security Number; Signature	Questionnaire given to employees for them to disclose any use of medications and substances containing alcohol prior to testing of specimen for drugs/alcohol
314. Drug Book <i>(Investigations & Trials)</i>	Name; Health information; Social Security Number; Signature	The results from random drug testing are recorded in this journal.
315. Confidential Complaint Unit Database <i>(Investigations & Trials)</i>	Name; Current and/or previous home addresses; Motor vehicle information; Health information; Social media account information; Arrest record or	It is collected to retain a complaint history on employees of the FDNY as well as complainants. Disclosure of complaint

Record Name <i>(Bureau)</i>	Identifying Information Collected	Record Description
	criminal conviction; Social Security Number and ePCR Information	history to provide said history to requestor(s).
316. CCU referral <i>(Investigations & Trials)</i>	Name; Contact information (e.g., phone or email); Motor vehicle information; Health information	It is collected in order to complete an official report so that it may be sent (referred) to its respective division to be further investigated.
317. Unusual Occurrence Report (UOR) <i>(Investigations & Trials)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Health information; Arrest record or criminal conviction; Signature	Unusual Occurrence Report documents any unusual occurrences within the department that may or may have an effect on the department. These may disclose pending what the unusual occurrence is such as a criminal allegation.
318. CCU Complaint Log <i>(Investigations & Trials)</i>	Name; Current and/or previous home addresses	Tracking of all CCU cases. Never disclosed
319. Bureau of Investigations & Trials database <i>(Investigations & Trials)</i>	Name; Employment address; Health information; Arrest record or criminal conviction; Date and/or time of release from custody of ACS, DOC, or NYPD; Any scheduled court appearances; Arrest record or criminal conviction; Social Security Number	Documentation via database of all disciplinary cases against FDNY employees, Investigation cases, arrest cases etc.
320. Complainant Letter <i>(Investigations & Trials)</i>	Name; Current and/or previous home addresses	Letter sent to complainants requesting contact. copy is retained in case folder
321. Medical Documentation Verification Form <i>(Investigations & Trials)</i>	Name; Current and/or previous home addresses; Date of Birth; medical information	Form is collected and retained in order to verify if an employee was treated at a medical facility. This form is provided / disclosed to the medical provider to verify the visit
322. Voluntary Hospital ePCR request <i>(Investigations & Trials)</i>	Name; Health information	In order to obtain an EPCR from a 9-1-1 providing hospital the request is made officially on this document and forwarded to the specific hospital's EMS supervisor
323. Internal Arrest Form <i>(Investigations & Trials)</i>	Name; Employment status; Arrest record or criminal conviction; Date and time of release from custody of ACS, DOC, or NYPD; Any scheduled court appearances; Social Security Number	Document is utilized when this unit is advised of a member being arrested either on or off duty. The document is retained in a case file.

Record Name (Bureau)	Identifying Information Collected	Record Description
324. NYS DOH Notification Form (Investigations & Trials)	Name; Health information; Social media account information; Status as victim of domestic violence or sexual assault; Status as crime victim or witness	The document is collected as part of the requirement to notify the DOH of any violation to NYS DOH Part 800.21Q
325. Notice of Interview (Investigations & Trials)	Name; Employment address; Any scheduled appointments with any employee, contractor, or subcontractor	Document is completed and disclosed to notify employees when to appear at the bureau
326. CCU Complaint Intake Form (Investigations & Trials)	Name; Current and/or previous home address; Health information; Social Security Number	Document is created and retained to track all incoming complaints received by CCU. The document may be disclosed depending on the allegation such as criminal.
327. CCU Complaint History (Investigations & Trials)	Name; Health information; Social Security Number	Complaint History is collected for future cases and complaint tracking and retained for same reasons. It is rarely disclosed.
328. BITs Disciplinary Case File (Investigations & Trials)	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Motor vehicle information; Biometric information such as fingerprints, audio and photographs; Health information; Social media account information; Status as victim of domestic violence or sexual assault; Status as crime victim or witness; Arrest record or criminal conviction; Date and/or time of release from custody of ACS, DOC, or NYPD; Any scheduled court appearances; Arrest record or criminal conviction; Information obtained from any surveillance system operated by, for the benefit of, or at the direction of the NYPD; Scheduled appointments with any employee, contractor, or subcontractor; Social Security Number; Signature	For the purposes of conducting FDNY Disciplinary Investigations and for the purpose of adjudicating FDNY Disciplinary cases under Civil Service Law Section 75.
329. BITs Investigation File (Investigations & Trials)	Name; Date of Birth; Place of Birth; Current and/or previous home addresses; Gender identity; Race;	For the purposes of conducting investigations

Record Name <i>(Bureau)</i>	Identifying Information Collected	Record Description
	Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Motor vehicle information; Biometric information such as fingerprints, audio, photographs; Health information; Social media account information; Status as victim of domestic violence or sexual assault; Status as crime victim or witness; Arrest record or criminal conviction; Date and/or time of release from custody of ACS, DOC, or NYPD; Any scheduled court appearances; Arrest record or criminal conviction; Information obtained from any surveillance system operated by, for the benefit of, or at the direction of the NYPD; Scheduled appointments with any employee, contractor, or subcontractor; Social Security Number; Signature	into allegations of FDNY employee misconduct.
330. BITs Information File <i>(Investigations & Trials)</i>	Name; social security number, tax id number, photographs; voice prints; Current and/or previous home addresses; Contact information (e.g., phone or email); country of origin, date of birth, gender identity, languages spoken, martial or partnership status; nationality; race; religion; sexual orientation; citizenship or immigration status; employment status; status as a victim of domestic violence or sexual assault; status as a crime victim or witness; Employer information; Employment address; any scheduled appointments with any employee, contractor, or subcontractor; Any scheduled court appearances; eligibility for or receipt of public assistance or City services; income tax information; motor vehicle information; Arrest record or criminal conviction; Date and/or time of release from custody of ACS, DOC, or NYPD; Information obtained from any surveillance system operated by, for the benefit of, or at the direction of	For purposes of FDNY BITs having a record of incidents that were investigated.

Record Name <i>(Bureau)</i>	Identifying Information Collected	Record Description
	NYPD; Device identifier including media access control (MAC) address or Internet mobile equipment identity (IMEI); GPS-based location obtained or derived from a device that can be used to track or locate an individual; Internet protocol (IP) address; Social media account information and medical information	
331. BITs Step I Hearing Schedule Database <i>(Investigations & Trials)</i>	Name; Employment status; Employer information; Employment address; Any scheduled appointments with any employee, contractor, or subcontractor	For purposes of scheduling Step I Disciplinary Hearings pursuant to Civil Service Law Section 75.
332. BITs Office Sign In Book <i>(Investigations & Trials)</i>	Name; Employment status; Employer information; Employment address; Signature	For purposes of tracking employee appointments at BITs Offices.
333. BITs Received Disciplinary Charge Package Database <i>(Investigations & Trials)</i>	Name; Employment status; Employer information; Employment address	In order to keep a record of Disciplinary Charge Packages that are received from FDNY Units.
334. BITs Arrest File <i>(Investigations & Trials)</i>	Name; Date of Birth; Place of Birth; Current and/or previous home addresses; Gender identity; Race; Contact information (e.g., phone or email); Citizenship/immigration status; Nationality; Country of origin; Languages spoken; Employment status; Employer information; Employment address; Motor vehicle information; Status as victim of domestic violence or sexual assault; Status as crime victim or witness; Arrest record or criminal conviction; Date and/or time of release from custody of ACS, DOC, or NYPD; Any scheduled court appearances; Information obtained from any surveillance system operated by, for the benefit of, or at the direction of the NYPD; Social Security Number; Signature; Arrest record or criminal conviction; Date and/or time of release from custody of ACS, DOC, or NYPD; Information obtained from any surveillance system operated by, for the benefit of, or at the direction of NYPD; Device identifier including media access control (MAC) address	For the purpose of tracking the criminal cases of FDNY members who have been charged with crimes.

Record Name <i>(Bureau)</i>	Identifying Information Collected	Record Description
	or Internet mobile equipment identity (IMEI); GPS-based location obtained or derived from a device that can be used to track or locate an individual; Internet protocol (IP) address; Social media account information	
335. Record Amendment Request/Response/Appeal <i>(Legal Affairs—Health Compliance)</i>	Name; Date of birth; Place of Birth; Current and/or previous home addresses; Contact information (e.g., phone or email); Health information; Social Security Number; Signature; OTHER: Medical records number	The information is collected and retained in accordance to Federal and State law. The information would only be disclosed subject to Federal and State law.
336. Compliance Committees Minutes/Agenda/Sign-in sheet/Log in information <i>(Legal Affairs—Health Compliance)</i>	Name; Signature; OTHER: Title of the person; telephone number; email address	Refers to all the Committees that the Compliance Unit oversees. The information is collected and retained in accordance to Federal and State law. The information would only be disclosed subject to Federal and State law.
337. Training Logs (Compliance/HIPAA) <i>(Legal Affairs—Health Compliance)</i>	Name; Signature; OTHER: Title of the person; telephone number; email address	The information is collected and retained in accordance to Federal and State law. The information would only be disclosed subject to Federal and State law.
338. Exclusion Screening Data Set <i>(Legal Affairs—Health Compliance)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Employment address; Arrest record or criminal conviction; Social Security Number; OTHER: Tax Id.	The information is collected and retained in accordance to Federal and State law. The information would only be disclosed subject to Federal and State law.
339. HIPAA Compliance Index/Report <i>(Legal Affairs—Health Compliance)</i>	Name; Contact information (e.g., phone or email); Health information; Social media account information; Signature; OTHER: Titles	The information is collected and retained in accordance to Federal and State law. The information would only be disclosed subject to Federal and State law.
340. HIPAA Authorizations (Individual/Media) <i>(Legal Affairs—Health Compliance)</i>	Name; Date of Birth; Place of Birth; Current and/or previous home addresses; Gender identity; Social Security Number; Signature	The information is collected and retained as a result of Federal and State law. The information would only be disclosed subject to Federal and State law.
341. Collective bargaining agreements <i>(Legal Affairs – Labor Relations)</i>	Employment status; Employer information; Employment address; Signature; OTHER: Salaries (by title)	This is required to maintain collective bargaining

Record Name <i>(Bureau)</i>	Identifying Information Collected	Record Description
	are indicated in the collective bargaining agreements	agreements and provide information as requested.
342. Grievance database <i>(Legal Affairs – Labor Relations)</i>	Name; Employment status; Scheduled appointments with any employee, contractor, or subcontractor; OTHER: Database gathers name of employee, union affiliation and subject of grievance or Improper Practice; medical condition	Maintaining record of grievances and Improper Practices
343. Grievance folders <i>(Legal Affairs – Labor Relations)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Health information; Scheduled appointments with any employee, contractor, or subcontractor; Signature; OTHER: Health information may be maintained if the subject of the grievances involves duty status or the denial of Line-of-duty injury benefits; medical condition; social media account info	Also includes Improper Practice matters. Contains grievance forms and documents which may contain identifiable information. Maintains files on grievances and Improper Practice matters
344. Bargaining negotiation files <i>(Legal Affairs – Labor Relations)</i>	Name; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Scheduled appointments with any employee, contractor, or subcontractor; OTHER: File includes bargaining demands and costing analysis (prepared by OLR)	Maintain records on the progress of collective bargaining sessions
345. Timesheets for union representatives on full-time release <i>(Legal Affairs – Labor Relations)</i>	Name; Employment status; Health information; OTHER: Timesheets may indicate periods when the member is on medical leave	Information on timesheets is input into CityTime, and copies of timesheets may be forwarded to Payroll for processing.
346. Labor/Management meetings and Subject matter files <i>(Legal Affairs – Labor Relations)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Health information; Arrest record or criminal conviction; Arrest record or criminal conviction; Scheduled appointments with any employee, contractor, or subcontractor; Signature; OTHER: Health information may include duty status if the subject of the meeting or file pertains to Reasonable	These are files maintained to address various subjects and issues which are not the subject of grievances or Improper Practice petitions. Maintain records of labor/management meetings and subject-matter discussions

Record Name <i>(Bureau)</i>	Identifying Information Collected	Record Description
	Accommodation. Arrest record may be included in Restriction Reports which are maintained by the Department, and a copy of such is shared with Labor Relations	
347. Conflict of Interest shared drive <i>(Legal Affairs—Conflict of Interest)</i>	Name; marital status; employment status; Employer information; Employment address	Collected for the purposes of sharing with COIB and obtaining waivers
348. Violation Special Report <i>(Legal Affairs—Public Records)</i>	Name; Current and/or previous home addresses	This report will list the following, address and block and lot, owners name, Notice of Violation and the Violation Orders, dates of inspection and dates of issued violations as well as the name of the District Office that issued said violations.
349. Building Records Request Form <i>(Legal Affairs—Public Records)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Employer information; Employment address; Income tax information; Any scheduled court appearances; Scheduled appointments with any employee, contractor, or subcontractor; Social Security Number; Signature	To request FDNY records about buildings in NYC
350. Agreements, MOUs, licensing etc. <i>(Legal Affairs—General Law Unit)</i>	Name; Contact information (e.g., phone or email); Signature	Necessary for completion of MOUs and Agreements. Saved on H drive or LawTrac
351. Law Trac <i>(Legal Affairs—General Law Unit)</i>	Name, social security number, taxpayer id number, fingerprints, photographs, voiceprints; home address; email address; phone number; country of origin; Country of origin; Date of birth; gender identity; Languages spoken; Marital or partnership status; Nationality; Race; Religion; Sexual orientation; Citizenship or immigration status; Employment status; Status as a victim of domestic violence or sexual assault; Status as a crime victim or witness; Employer information; employment address; Any scheduled appointments	Information that is gathered and shared is dependent upon and responsive to litigation or administrative case filings. Identifiers are redacted as much as possible to address the legal action with minimal disclosure. Information is released to the NYC Law Department where they are attorney of record; State and Federal Courts and attorneys pursuant to discovery and other court orders; and administrative bodies like

Record Name (Bureau)	Identifying Information Collected	Record Description
	<p>with any employee, contractor, or subcontractor Any scheduled court appearances; Eligibility for or receipt of public assistance or City services; Income tax information; Motor vehicle information; Arrest record or criminal conviction; Date and/or time of release from custody of ACS, DOC, or NYPD; Device identifier including media access control (MAC) address or Internet mobile equipment identity (IMEI); GPS-based location obtained or derived from a device that can be used to track or locate an individual; Internet protocol (IP) address; Social media account information</p>	<p>EEOC, NY State Division of Human Rights, and NYC Human Rights Commission as necessary to defend pending actions against FDNY.</p>
<p>352. Individual Attorney computers, Network H drive and S drive (<i>Legal Affairs—General Law Unit</i>)</p>	<p>Name, social security number, taxpayer id number, fingerprints, photographs, voiceprints; home address; email address; phone number; country of origin; Country of origin; Date of birth; gender identity; Languages spoken; Marital or partnership status; Nationality; Race; Religion; Sexual orientation; Citizenship or immigration status; Employment status; Status as a victim of domestic violence or sexual assault; Status as a crime victim or witness; Employer information; employment address; Any scheduled appointments with any employee, contractor, or subcontractor Any scheduled court appearances; Eligibility for or receipt of public assistance or City services; Income tax information; Motor vehicle information; Arrest record or criminal conviction; Date and/or time of release from custody of ACS, DOC, or NYPD; Device identifier including media access control (MAC) address or Internet mobile equipment identity (IMEI); GPS-based location obtained or derived from a device that can be used to track or locate an individual;</p>	<p>Information that is gathered and shared is dependent upon and responsive to litigation or administrative case filings. Identifiers are redacted as much as possible to address the legal action with minimal disclosure. Information is released to the NYC Law department and the court for EEO cases and other city agencies. Sharing internally as well.</p>

Record Name <i>(Bureau)</i>	Identifying Information Collected	Record Description
	Internet protocol (IP) address; Social media account information	
353. FOIL request <i>(Legal Affairs—Freedom of Information Law Unit)</i>	Name; Date of birth; Current and/or previous home addresses; Gender identity; Race; Marital or partnership status; Contact information (e.g., phone or email); Employer information; Employment address; Motor vehicle information; Health information; Status	To fulfill FOIL request
354. Custody & Control Form <i>(Legal Affairs—Substance Testing Unit)</i>	Name; Date of birth; Contact information (e.g., phone or email); Social Security Number; Signature; OTHER: Employee's Badge # is combined with employee last four digits of SS# which then serves as a unique identifier on the CCF	Information is to protect the integrity of the process. Information is to protect the integrity of the process. Disclosure to Quest for testing as routine.
355. Drug and/or Alcohol Questionnaire Form <i>(Legal Affairs—Substance Testing Unit)</i>	Name; Employer information; Social Security Number; Signature; OTHER: Only last four SS# is collected and badge number and medical information	To preserve the integrity of the substance testing process. Shared only internally with BITs and medical staff.
356. Random Selection List <i>(Legal Affairs—Substance Testing Unit)</i>	Name; Employment address	Random selection list consists of individual selected for random drug testing and is retain as an official record in the normal course of business for audit purpose. Is shared with Fire Union and BITs as needed.
357. Field Journal <i>(Legal Affairs—Substance Testing Unit)</i>	Name; Employment address	To document the substance testing activities and the Drug Testing Unit's field activities. Only shared with BITs if needed
358. Toxicology Drug Test Report <i>(Legal Affairs—Substance Testing Unit)</i>	Employer information; Employment address; Social Security Number; OTHER: Last four SS# and Employee's badge number is used and a donor ID on this report	This Information is only disclosed in case when sample is reported positive and/or with Audit unit if requested. Only shared with BITs internally and Quest receives the report as well.
359. Cure Letter <i>(Legal Affairs)</i>	Current and/or previous home addresses; Employment address	We collect this information to verify that violating conditions are timely corrected and that there is compliance with remedying the violating condition.

Record Name (Bureau)	Identifying Information Collected	Record Description
360. Correction Letter (<i>Legal Affairs</i>)	Current and/or previous home addresses; Employment address	We collect the information to verify that subject properties do not have outstanding violations issued by FDNY.
361. Parking & Traffic Summons (<i>Legal Affairs – Legal Enforcement</i>)	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Motor vehicle information; Signature	This information is collected to maintain a record of all traffic and parking tickets issued by FDNY.
362. Partial Cure (<i>Legal Affairs – Legal Enforcement</i>)	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Race; Contact information (e.g., phone or email); Any scheduled court appearances	This data is collected as part of the verification process to the Respondent and OATH that the Respondent has attempted to comply with the violation(s) within the stated timeframe.
363. Excellence in Clinical Care Award (<i>Medical Affairs</i>)	Name; Contact information (e.g., phone or email); Employment status; Employer information; Employer information; OTHER: Reference number; Title	This application is developed for Office of Medical Affairs (OMA) that allows OMA staffs and EMS supervisors to streamline and manage the ECCA award nomination process
364. Controlled Substance Database part of CTS (<i>Medical Affairs</i>)	Name; Date of Birth; Social Security Number	Narcotic usage reports are required by NYS Bureau of EMS
365. STEMI Feedback Forms (Heart attack referrals) (<i>Medical Affairs</i>)	Name; Date of Birth; Gender identity	Information is provided from the individual hospitals so we can follow up for quality assurance purposes
366. Refusal of Medical Aid Forms in CTS (<i>Medical Affairs</i>)	Name; Date of Birth; Gender identity; Contact information (e.g., phone or email)	Information is collected and retained for legal purposes as required by FDNY Policy and Procedures
367. Transport requests in CTS (<i>Medical Affairs</i>)	Gender identity; OTHER: Age; Current patient complaint; Current set of vital signs; Patient history	Collected and retained for legal purposes as required by FDNY Policy and Procedures
368. Cardiac Arrest Surveys part of CTS (<i>Medical Affairs</i>)	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Race	Information is collected for research purposes and QA/QI
369. 10-95 Forms (Triage Patients off scene of assignment) (<i>Medical Affairs; EMS Operations</i>)	Name; Date of Birth; Gender identity; OTHER: Age; vital signs; Patient complaint; Patient medical history	Collected and retained for legal purposes as required by FDNY Policy and Procedures
370. NICE recording (<i>Medical Affairs</i>)	Name; Date of Birth; Current; voice print OTHER: medical information	This information is collected for quality assurance

Record Name <i>(Bureau)</i>	Identifying Information Collected	Record Description
371. NYS REMAC Liaison <i>(Medical Affairs)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Employment status; Employer information; Scheduled appointments with any employee, contractor, or subcontractor; Signature; OTHER: NYS DOH Paramedic Certification Number	Information is collected and disclosed as required by NYS Public Health Law Article 30
372. OMA EMS Research <i>(Medical Affairs)</i>	Name; Date of Birth; Gender identity; Race	The information is aggregated and used in approved medical publications
373. Naloxone leave behind kits <i>(Medical Affairs)</i>	Date of birth, gender, zip code	Collecting and sharing kit information with DOHMH and ultimately NYS DOH
374. Frequent Utilizers Project <i>(Medical Affairs)</i>	Name, phone number	Date is collected by a third-party vendor to assist in identifying frequent utilizers and shared with DOHMH
375. Office of Public Information	Name; Photographs; Current and/or Previous Address; Date of Birth; Gender Identity; Languages Spoken; Marital or Partnership Status; Nationality; Race; Religion; Sexual Orientation; Citizenship or Immigration Status; Employment Status; Employer Information; Employment Address; Social Media Account Information	Collecting and sharing with the public and news media
376. Application for FDNY/USMA Counterterrorism Leadership Course <i>(Recruitment & Retention)</i>	Name; Date of Birth; Current and/or previous home addresses; Contact information (e.g., phone or email); Employment status; Employer information; OTHER: Title	To apply for the FDNY/USMA Counterterrorism Leadership course
377. Expression of Interest (EOI) forms kept in the recruitment database <i>(Recruitment & Retention)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Race; Contact information (e.g., phone or email); Motor vehicle information; OTHER: Education	This information is used to contact Applicants and Candidates regarding ORR's programs and events.
378. RDTS Application <i>(Recruitment & Retention)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Race; Contact information (e.g., phone or email); Motor vehicle information; OTHER: Education	Application records all the applicant information from Expression of interest
379. FFCMP Management System <i>(Recruitment & Retention)</i>	Name; OTHER: Rank; Work location	Tracks assignment of mentors in active class of candidates

Record Name (Bureau)	Identifying Information Collected	Record Description
380. Revenue Management reoccurring reports dealing with EMS transports (Revenue Management)	Name, Date of Birth, Current and/or previous home addresses; Gender identity; Contact information (e.g., phone or email); Signatures, health information; health insurance information	Revenue management maintains a variety of different reports that are prepared utilizing both the EMS medical records platform as well as billing platform
381. Billing platform (Digitech) (Revenue Management)	Name, Date of Birth, Current and/or previous home addresses; Gender identity; Contact information (e.g., phone or email); signatures, health information; health insurance information	This information is collected and shared for the purposes of preparing claims and invoices – third party vendor.
382. Revenue Management reoccurring reports dealing with non-EMS transports (Revenue Management)	Name; Date of Birth; Current and/or previous home addresses; Contact information (e.g., phone or email); Motor Vehicle information; insurance information; Employer Information; Employment Status	These reports are prepared for the purposes of reimbursement for property damage and costs related for HAZMAT responses and training.
383. Monthly Ambulance Accounts Closed Due to Line of Duty Injury (Revenue Management)	Name; Date of Birth; Signature	This report identifies the person for which an ambulance billing account was closed & not billed because the transport was the result of a uniformed member (FD, PD) becoming injured or ill due to circumstances in the line of duty. This report is reviewed for accuracy/audit.
384. "Unknown" in Prehospital Care Report Name Field - Account closed (Revenue Management)	Name; Date of Birth; Current and/or previous home addresses	Billing Accounts for Patient Pre-hospital Care Report names 'Unknown' are closed & billed. We monitor these for accuracy.
385. Affidavits of Merit (Revenue Management)	Name; Current and/or previous home addresses	Affidavits of Merit are legal documents where FDNY is preparing to file against a patient that received payment from their insurer for our services and kept the money. FDNY signs the affidavits and retains a copy for our records.
386. Spill Bill (Revenue Management)	Name; Motor vehicle information	Information is required to properly identify responsible parties for hazardous material spills, and to

Record Name <i>(Bureau)</i>	Identifying Information Collected	Record Description
		submit claims to recoup City's related cleanup costs.
387. Accident Claims <i>(Revenue Management)</i>	Name; Current and/or previous home addresses; Motor vehicle information	Information is required to properly identify responsible parties for damage caused to FDNY's vehicles and to submit claims to recoup FDNY's related repair costs.
388. Project Notification Report (RD-1) <i>(Safety & Inspection Command)</i>	Name; Contact information (e.g., phone or email); OTHER: Assigned Bureau/Unit	Document submitted to the Research and Development Unit detailing an idea for a new project or piece of equipment that the member would like the unit to analyze the efficacy of.
389. Project Workflow (RD-2) <i>(Safety & Inspection Command)</i>	Name; Contact information (e.g., phone or email); OTHER: Assigned Bureau/Unit	Details the steps taken in an R&D project.
390. Bi-Monthly Workflow Update (RD-3) <i>(Safety & Inspection Command)</i>	Name; Contact information (e.g., phone or email); OTHER: Assigned Bureau/Unit	Details the steps taken in an R&D project.
391. Accident Reporting System <i>(Safety & Inspection Command)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Employment status; Employer information; Employment address; Motor vehicle information; Signature	For accident tracking and reporting to DCAS (for claims, revenue, etc.)
392. Accident Reports <i>(Safety & Inspection Command)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Motor vehicle information; Signature	For accident reporting to DCAS
393. Personnel Database <i>(Safety & Inspection Command)</i>	Name; Date of Birth; Current and/or previous home addresses; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Social Security Number	It is collected to maintain information on members of the Safety Command
394. Unit Personnel Files <i>(Safety & Inspection Command)</i>	Name; Employment status; Employer information; Employment address; Health information; Signature	It's required as part of the FDNY's timekeeping/Leave of Absence information
395. Request to open Computerized Injury Report (CIRS-1) <i>(Safety & Inspection Command)</i>	Name; Employment status; Employer information; Employment address; Health information; Signature	It is a required procedure

Record Name <i>(Bureau)</i>	Identifying Information Collected	Record Description
396. Chauffeur School License Verification <i>(Safety & Inspection Command)</i>	Name; Motor vehicle information	For license verification prior to chauffeurs being approved for chauffeur school
397. NYS License Plate Log <i>(Safety & Inspection Command)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Contact information (e.g., phone or email); Motor vehicle information	If a member is involved in an accident with a civilian vehicle
398. Travel Requests <i>(Safety & Inspection Command)</i>	Name; Date of Birth; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Signature	To book travel on behalf of the Department (conferences, training, committees, etc.)
399. Serious Injury Reports/Fatal Fire Reports <i>(Safety & Inspection Command)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Marital or partnership status; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Motor vehicle information; Health information; Eligibility for or receipt of public assistance or city services; Social Security Number; Signature	To document incidents as a resource for influencing the evolution of agency policies and procedures
400. Internal Safety Complaint Form <i>(Safety & Inspection Command)</i>	Name; Employment status; Employer information; Contact information (e.g., phone or email)	For employees to report a safety issue in the workspace.
401. Quartermaster (QM) Download <i>(Support Services)</i>	Name; Employment status; Employer information; Employment address; Social Security Number; OTHER: Last 4 digits of Social Security Number; Rank	The name and last four digits of social security number are used to identify members' account. Rank is used to see what uniforms the member is entitled to. Work location is used to deliver items to member.
402. Request for Delivery Appointment <i>(Support Services)</i>	Name; Contact information (e.g., phone or email); Motor vehicle information	Request to have new/repaired equipment delivered to FDNY facility
403. Request to use the Auditorium <i>(Support Services)</i>	Name; Contact information (e.g., phone or email); Signature; OTHER: Unit	To request use of the auditorium at FDNY Headquarters
404. Locker Room Census Form <i>(Support Services)</i>	Name; Contact information (e.g., phone or email); OTHER: Bureau/Work Location	To manage the use of lockers at FDNY headquarters
405. Printshop <i>(Support Services)</i>	Name; Contact information (e.g., phone or email); Employment status; Employer information; Employment address	Information is collected for the purposes of the copy center which utilized a third party vendor.

Record Name <i>(Bureau)</i>	Identifying Information Collected	Record Description
406. FDNY-Medical Equipment Unit On-Board Ambulance Repair Request <i>(Technical Services)</i>	Name; Motor Vehicle Information; OTHER: Assigned Station; Shield Number	To request repair of medical equipment on an ambulance
407. NYC Mayor's Office of Contract Services Doing Business Data Form <i>(Technical Services)</i>	Name; Date of Birth; Current and/or previous home addresses; Contact information (e.g., phone or email); Employer information;	Required procurement document that is sent to Fiscal Services and uploaded in the eCMS Fiscal Services Procurement System
408. Radio Equipment Receipt <i>(Technical & Development Systems)</i>	Name; OTHER: Badge number	To track equipment.
409. Service Now <i>(Technical & Development Systems)</i>	Name; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Internet protocol (IP) address	This application is a tool for service, change and equipment (service now is a standalone company and we are buying a service) ALL FORMS transitioned to this method
410. EMSCAD Access: PCMSS Software Request <i>(Technology & Development Systems)</i>	Name; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Signature	To request information technology services (retiring the system and no longer collection just retaining)
411. UNISYS Account Request Form <i>(Technology and Development Systems)</i>	Name; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Social Security Number; Signature; OTHER: Employee reference Number	To request information technology services (transitioning out but still retaining old data)
412. VAX Account Request From <i>(Technology and Development Systems)</i>	Name; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Social Security Number; Signature; OTHER: Employee reference Number	To request information technology services
413. Video Conference Center Request Form <i>(Training)</i>	Name; Contact information (e.g., phone or email); Signature; OTHER: Rank/Unit	To request use of the Video Conference Center
414. TBTA reimbursement form <i>(Training)</i>	Name; Current and/or previous home addresses; OTHER: Reference number; Rank; EZPass record	Employee contact and emergency contact purposes
415. Scheduling Units for Training—Request Form <i>(Training)</i>	Name; Signature; OTHER: Unit	Request to schedule a unit for training. Done to ensure that the unit is marked as offline so that they won't be asked to respond to calls while training.

Record Name <i>(Bureau)</i>	Identifying Information Collected	Record Description
416. CFRD State Certification Applications <i>(Training)</i>	Name; Date of Birth; Current and/or previous home addresses; Employment status; Employer information; Employment address; Social Security Number (last 4)	In order to apply for state certification of CFRD and apply to take state test for CFRD certification
417. Bereavement Leave Request <i>(Training)</i>	Name; Current and/or previous home addresses; OTHER: Rank; Unit; Reference Number	In case of death of a relative to the member working at the Bureau of Training
418. Grant Sign In Sheet transitioned to LMS <i>(Training)</i>	Name; Signature; OTHER: Reference number; Work Location	To track attendance of grant funded training
419. Bureau Vehicle Authorization Form <i>(Training)</i>	Name; Contact information (e.g., phone or email); Employer information; Employment address; Motor vehicle information; Signature	To be allocated a bureau vehicle
420. Mobile CPR Training Unit Roster <i>(Training)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Employer information; Employment address	Document listing the members of the Mobile CPR Training Unit
421. LMS Submission for training form <i>(Training)</i>	Name, Contact information (e.g., phone or email); employment status; employer information	To develop training
422. Personnel Folder (including emergency notification form and first day folder form) <i>(Training)</i>	Name; Date of Birth; Current and/or previous home address; Contact information (e.g., phone or email); Motor vehicle information; Health information; Social Security Number; Signature; Gender identity; Race; Marital or partnership status	For emergency contact and in case of emergency and if member is missing from school
423. CPR Unit Civilian Attendance Sheet <i>(Training)</i>	Name	The information is collected as part of the attendance form to track how many New Yorkers receive training in Compression Only CPR
424. New York State Department of Health Bureau of EMS FORM "DOH 65" <i>(Training)</i>	Name; Date of Birth; Place of Birth; Current and/or previous home addresses; Gender identity; Contact information (e.g., phone or email); Signature	The identifying information is part of the NYS DOH BLEMS form utilized for recertification and shared with NYS DOH
425. Various external training platforms (FISDAP, Simulation Lab and evaluation forms)	Name; OTHER: Program or course number; evaluating instructor's name; video including voice prints; Contact information (e.g., phone or email)	Various learning modules used by EMS Training
426. Extended Military Benefit Program <i>(Uniformed Personnel)</i>	Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Income tax information; Signature	For the member to receive a differential pay from the City while deployed overseas for an approved

Record Name <i>(Bureau)</i>	Identifying Information Collected	Record Description
		operational contingency or homeland security.
427. BP-606 Request to Carry Over Unused Vacation <i>(Uniformed Personnel)</i>	Name; Employer information; Employment address; Signature; OTHER: Reference Number; Rank; Unit; Group	To carry over unused vacation time
428. Application for Disability Retirement <i>(Uniformed Personnel)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Employer information; Employment address; Social Security Number; Signature; OTHER: Badge Number; Rank; Unit; Group	To apply for disability retirement benefits

Routine Disclosures

Record Name (Bureau)	Identifying Information Disclosed	Record Description
1. Electronic Pre-hospital Care Report (ePCR) <i>(EMS Operations; Internal Audit; Investigations and Trials; Legal Affairs – Court Desk/Public Records)</i>	Name; Date of birth; Place of Birth; Current and/or previous home addresses; Gender identity; Race; Marital or partnership status; Contact information (e.g., phone or email); Nationality; Employer information; Social Security Number; Signature	To provide information based on pre-hospital care. Used by Internal Audit for their Medical Compliance Work Plan
2. Ambulance Call Report (ACR) <i>(EMS Operations; Investigations and Trials; Legal Affairs – Court Desk/Public Records)</i>	Name; Date of birth; Current and/or previous home addresses; OTHER: address where FDNY responded to	Requestor provides FDNY with information so we can locate and retrieve information in Health EMS
3. Computer Aided Dispatch (CAD) <i>(EMS Operations; Legal Affairs – Court Desk/Public Records, Office of Medical Affairs)</i>	Name; Date of Birth; Current and/or previous home addresses; OTHER: address where FDNY responded to	Requestor of records provides information so FDNY can search/retrieve record to submit to requestor
4. Computer Aided Dispatch (CAD) audio <i>(Legal Affairs – Court Desk)</i>	Name; Date of Birth; Current and/or previous home addresses; audio recording OTHER: address where FDNY responded to	This information is collected, disclosed for Court purposes.
5. EMS Incident Histories <i>(Communications; Investigations and Trials; Legal Affairs – Court Desk/Public Records)</i>	Name; OTHER: Description of the incident	The NYC Law Department uses recordings in court courses. FDNY uses recordings for table-top exercises in training.
6. Fire Incident Histories <i>(Communications Investigations and Trials; Legal Affairs – Court Desk/Public Records)</i>	Name; OTHER: Description of the incident	The NYC Law Department uses recordings in court courses. FDNY uses recordings for table-top exercises in training.
7. EMS Incident Histories <i>(Communications, Legal Affairs – Court Desk/Public Records)</i>	Name; OTHER: Description of the incident	The NYC Law Department uses recordings in court courses. FDNY uses recordings for table-top exercises in training.
8. Diversity and Inclusion Activities <i>(Diversity and Inclusion)</i>	Photographs; Contact information (e.g., phone or email)	Collected and shared for the purposes of diversity and inclusion program maintenance including scheduling of programming, events and reach out activities
9. EMS Voluntary Restriction/Reinstatement Form <i>(EMS Operations)</i>	Name; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; OTHER: Shield Number	To restrict/reinstate voluntary EMS personnel from the 911 system.

Record Name <i>(Bureau)</i>	Identifying Information Disclosed	Record Description
10. CD-30 Application for Transfer <i>(Fire Operations; Training)</i>	Name; Date of birth; Contact information (e.g., phone or email); Current and/or previous home addresses; Employment status; Employer information; Employment address; Motor vehicle information; Health information; Signature	Qualifications, members status, calculated seniority and service points, disciplinary status, years in service, family connection
11. CD-31 <i>(Fire Operations; Training)</i>	Name; Employment status; Employment address; Signature	Routine administration
12. OSA-1 and OSA-2 <i>(Fire Operations; Training)</i>	Name; Employment status; Employment address; Signature; OTHER: Reference Number; Group number	Investigation of employee work history prior to detail
13. CD-63 Defective Hydrant Report <i>(Fire Operations)</i>	Signature; Contact information (e.g., phone or email); OTHER: Group; Company	Disclosed to DEP
14. New York City Department of Citywide Administrative Services Certification of Dual Employment <i>(Fire Operations)</i>	Name; Contact information (e.g., phone or email); Current and/or previous home addresses; Employer information; Employment address; Social Security Number; Signature; OTHER: Rank/Title	Disclosed to DCAS
15. Quarterly Controlled Substance Recap <i>(EMS Operations)</i>	Name	To monitor controlled substances in possession at EMS stations
16. Notice of Mandatory Overtime <i>(EMS Operations)</i>	Name; Signature; OTHER: Shield number	To document that an employee was given notice that they must work overtime for a specified period of time
17. Logging Recording Request <i>(EMS Operations)</i>	Name; Signature; OTHER: Title	To request for the search of a voice record (Dispatch recording, telephone recording, Radio recording, etc.)
18. Dignitary Protection Unit Members <i>(EMS Operations)</i>	Name; Date of Birth; Place of Birth; Contact information (e.g., phone or email); Social Security Number; Driver's License Number and state of issue	Scheduling and disclosing to US Secret Service for security requirements
19. OEM/JOC Scheduling (EMS Operations)	Name; Contact information (e.g., phone or email)	Scheduling members for shifts at EOC @ OEM and JOC @ 1PP
20. Overtime Control Numbers <i>(EMS Operations)</i>	Name	Assignment of Overtime Control

Record Name <i>(Bureau)</i>	Identifying Information Disclosed	Record Description
21. Reassignment Request database <i>(EMS Operations)</i>	Name; OTHER: Reference number; Shield number; Date of appointment	Track and process requests for reassignment
22. Monthly Work Schedules <i>(EMS Operations)</i>	Name; OTHER: Shield number; Radio ID	Monthly work schedule
23. Awards and Medals Requested/Awarded <i>(EMS Operations)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); OTHER: Shield number; Work location	Track requests for and awarding of medals, commendations, etc.
24. Health EMS <i>(EMS Operations)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Contact information (e.g., phone or email); Employer information; Employment address; Health information; Status as victim of domestic violence or sexual assault; Status as crime victim or witness; Social Security Number; Signature; OTHER: Health insurance information	Record of and continuing documentation of medical care
25. Employee Medical Leave Report <i>(EMS Operations)</i>	Name; OTHER: Shield number; Reference number; Work location; Nature of illness or injury	Track and notify members who are unable to report to duty due to illness or injury
26. Voluntary Hospital System <i>(EMS Operations)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Arrest record or criminal conviction; Social Security Number; Signature; OTHER: Medical Certification Number; REMAC Number; Driver's License Number and state of issue; Copy of Hospital Issued ID	To maintain information on the voluntary emergency medical services that work alongside the FDNY's Bureau of EMS.
27. Notice of Infraction <i>(EMS Operations)</i>	Name; Employer information; OTHER: Shield number; Work location	Track violation of procedure by voluntary hospital participants
28. Vacation Pick Chart <i>(EMS Operations)</i>	Name; OTHER: Shield number; Date of appointment or promotion; Work location; Title	Create and maintain a list of requested and approved vacation picks

Record Name <i>(Bureau)</i>	Identifying Information Disclosed	Record Description
29. Employee Authorization for Release of Medical Records <i>(Equal Employment Opportunity)</i>	Name; Social Security Number; Signature	To allow the disclosure of medical records
30. Asbestos Reports & surveys <i>(Facilities)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Signature	Required under city and federal OSHA/PESH regulations
31. OSHA Reports <i>(Facilities)</i>	Name; Current and/or previous home addresses; Employer information; Employment address; Health information; Signature	Required under city and federal OSHA/PESH regulations sharing with unions, local and state and federal reporting requirements
32. Overtime Reports <i>(Facilities)</i>	Name; Employer information	Used to manage employees' time and leave
33. Building Project Folders (Blueprints, construction plans, surveys) <i>(Facilities)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Signature; OTHER: building addresses and project manager name	Documents in the shared drive of the computer that contain building information for request for repairs and work orders and shared with contractors
34. A-17 Complaint Report <i>(Fire Operations—Administration)</i>	Name; Current and/or previous home addresses	Complaint regarding unsafe conditions
35. CD-30 Application for Transfer <i>(Fire Operations; Training)</i>	Name; Date of birth; Contact information (e.g., phone or email); Current and/or previous home addresses; Employment status; Employer information; Employment address; Motor vehicle information; Health information; Signature	Qualifications, members status, calculated seniority and service points, disciplinary status, years in service, family connection
36. FS-112 Lost Equipment <i>(Fire Operations—Administration)</i>	Name; Employment status; Employer information; Employment address; Date and/or time of release from custody of ACS, DOC, or NYPD; Signature	Provide a chain of custody to account for lost equipment
37. Lost ID and Badge Memo <i>(Fire Operations—Administration)</i>	Name; Current and/or previous home addresses; Gender identity; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Information obtained from any surveillance system operated by, for the benefit of, or at the direction of the NYPD; Signature	Maintain chain of custody and interface with NYPD investigation

Record Name (<i>Bureau</i>)	Identifying Information Disclosed	Record Description
38. BITS Report (<i>Fire Operations—FDNY Operations Center</i>)	Name; OTHER: Disciplinary History; Violation/Infraction	Information is collected to disclose to our Inspector General and the Bureau of Trial and Investigations.
39. Burn Member Notification (<i>Fire Operations—FDNY Operations Center</i>)	Name; OTHER: Injury Information	The information is collected and disclosed for our Safety Operating Battalion and staff chiefs.
40. Death of Member (<i>Fire Operations—FDNY Operations Center</i>)	Name; Date of birth; Contact information (e.g., phone or email); Religion	The information is collected and disclosed for the Ceremonial Unit.
41. Individual and Unit Citation Recommendation Forms (<i>Fire Operations—Board of Merit</i>)	Name; Contact information (e.g., phone or email); Employer information; Employment address; OTHER: Rank/Title	Forms are collected to assist determining awards
42. Board of Merit Medal Day Book (<i>Fire Operations—Board of Merit</i>)	Name; Employer information; Employment Address; OTHER: Rank/Title	Medal Day Book is available to the public
43. Request for Excusal from Duty to Attend U.F.A. Meeting (<i>Fire Operations</i>)	Name; Signature; OTHER: Rank	To process requests for absence from work in order to attend union meeting.
44. Request for Excusal from Duty to Attend U.F.O.A. Meeting (<i>Fire Operations</i>)	Name; Signature; OTHER: Rank	To process requests for absence from work in order to attend union meeting.
45. Fire Safety Plans (<i>Fire Prevention—Technology Management--Fire Safety Emergency Action Policy</i>) As of 9/3/2021 transitioned to Accela Fires	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Social Security Number; Signature	This unit identifies qualified staffing to serve in buildings' fire safety programs. They are listed in their fire safety plan. Those listed must receive pertinent training.
46. Comprehensive/Combined Emergency Action Plan (<i>Fire Prevention—Technology Management--Fire Safety Emergency Action Policy</i>) As of 9/3/2021 transitioned to Accela Fires	Name; Date of Birth; Current and/or previous home addresses; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Social Security Number; Signature	This unit identifies qualified staffing to serve in buildings' fire safety programs. They are listed in their fire safety/EAP plan. Those listed must receive pertinent training.
47. Account Folders (<i>Fire Prevention—Public Assembly Unit As of 9/3/2021 transitioned to Accela Fires</i>)	Name; Contact information (e.g., phone or email); Signature	By request of building owner or Freedom of Information Act
48. Fire Prevention Plan Storage - Rooftop Plans	Name; Contact information (e.g., phone or email);	To contact applicant regarding questions on applications and sending correspondence.

Record Name <i>(Bureau)</i>	Identifying Information Disclosed	Record Description
<i>(Fire Prevention—Technology Management—Rooftop)</i> As of 9/3/2021 transitioned to Accela Fires	Employer information; Employment address; Signature	
49. Form B-45M <i>(Fire Prevention—Fire Alarm Inspection Unit)</i> As of 9/3/2021 transitioned to Accela Fires	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Scheduled appointments with any employee, contractor, or subcontractor; Signature	For contact purposes only.
50. Payroll & Timekeeping records and shared drive <i>(Fiscal)</i>	Name; Palm and Handprints; Address; Email; Phone Number; Date of Birth; Marital or Partnerships Status; Employment Status; Employer Information; Employer Address; Motor Vehicle Information	Collected for the purposes of managing the payroll and timekeeping function as well as sharing with FISA-OPA (oversight purposes), FISA, DCAS, OLR, Comptroller, Law Department, DOI, Pension Systems
51. Fleet Focus <i>(Fleet Services)</i>	Date of birth; Current and/or previous home addresses; Marital or partnership status; Contact information (e.g., phone or email); Employment status; Employment address; Motor vehicle information	DCAS requires this information.
52. Internal Fleet tracking database <i>(Fleet Services)</i>	Motor vehicle information	We collect in order to keep track and provide various reports to Headquarters
53. Vehicle repair/maintenance/accident <i>(Fleet Services)</i>	Date of birth; Current and/or previous home addresses; Motor vehicle information	Insurance claims
54. Vehicle Track (Review Ave Shop) <i>(Fleet Services)</i>	Motor vehicle information	Vehicle availability
55. Drivers Daily Vehicle Log and Usage Report <i>(Fleet Services)</i>	Name; Motor vehicle information	To monitor the use of Department vehicles
56. Summonses spreadsheet <i>(Fleet Services)</i>	Name; Employment address; Motor vehicle information	In order to determine employee responsibility, with regards to summonses.
57. EXPRESSION OF INTEREST: FDNY Fire and Emergency Medical Services Exploring Program <i>(Youth Workforce & Pipeline Programs)</i>	Name; Date of Birth; Gender identity; Race; Contact information (e.g., phone or email); OTHER: Last 4 digits of Social Security Number	The information is collected to create a database of young people interested in becoming part of the Exploring Program. Once a young person takes the steps to enroll in the program the information is disclosed to

Record Name (<i>Bureau</i>)	Identifying Information Disclosed	Record Description
		Learning for Life, the umbrella organization that oversees all Exploring Programs. The young people are registered and insured through Learning for Life.
58. Digital library of participants (<i>Youth Workforce & Pipeline Programs</i>)	name, photographs, videos	photos taken for social media
59. Budget shared drive (<i>Fiscal</i>)	Name; Employer information	Collected for the purpose of hiring and sharing with OMB and OLR (collective bargaining)
60. Passport system, eCMS, Old Access Database (<i>Fiscal procurement</i>)	Name; Taxpayer ID; Fingerprints; Current or Previous Address; Email Address; Phone Number; Country of Origin; Date of Birth; Gender Identity; Nationality; Race; Employment Status; Employer Information; Employment Address; Any Scheduled Appointment; Income Tax Information; Motor Vehicle Information; Arrest Record Or Criminal Conviction; IP Address	This information is collected for procumbent bases to share with general public, all city agencies, public authorities and state agencies
61. Grants Application Template (<i>Grant Development</i>)	Contact information (e.g., phone or email)	Managing grant-funded items.
62. Preparedness training and/or cost associate with any grant funded personal service activity (<i>Grant Development</i>)	Name, rank, employee ID	Collection and Disclosure to OMB and then NY State/FEMA or any grant holder (State, Federal Agencies)
63. COVID related Grant Activity (testing) (<i>Grant Development</i>)	Name, medical information	sharing information related compensation under a grant
64. Demotions/ DP 72 FORM (<i>Human Resources</i>)	Name; Employment status; Employer information; Social Security Number; Signature	Transfers, demotions
65. Non-Managerial Evaluation Form (<i>Human Resources</i>)	Name; Signature; OTHER: Employee Identification Number; Title	To evaluate job performance
66. Civilian Workers' Compensation System, PMS (<i>Health Services—Civilian/EMS Compensation Unit</i>)	Name; Date of Birth; Current and/or previous home addresses; Sexual orientation; Contact information (e.g., phone or email); Employment status; Employer information	Workers' compensation

Record Name <i>(Bureau)</i>	Identifying Information Disclosed	Record Description
67. Task and Standards Form <i>(Human Resources)</i>	Name; Signature; OTHER: Employee Identification Number; Title	To ensure receipt of the position's tasks and standards
68. Managerial Evaluation Form <i>(Human Resources)</i>	Name; Signature; OTHER: Employee Identification Number; Title	To evaluate job performance
69. Driver's license, pilot license, wiper license, marine license <i>(Human Resources)</i>	Name; Date of Birth; Place of Birth; Current and/or previous home addresses; Gender identity; Sexual orientation; Citizenship/immigration status; Country of origin; Motor vehicle information; Biometric information such as fingerprints and photographs; Signatures	Collected for the purposes of valid licensing.
70. Promotion desk database <i>(Human Resources)</i>	Name; Date of Birth; Current and/or previous home addresses; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Motor vehicle information	Maintained for uniform promotions
71. Personnel Transaction Request Form <i>(Human Resources—HR Processing)</i>	Name	To process new hires
72. Vacancy Request Form <i>(Human Resources—HR Processing)</i>	Name; Employer information; Employment address; Signature; ID Number	To process the filling of a vacancy
73. OATH Form <i>(Human Resources—HR Processing)</i>	Name; Social Security Number; Signature; OTHER: Job title	Goes to City clerk/Proof of allegiance to the City
74. Agency Shop Fee Agreement <i>(Human Resources—HR Processing)</i>	Name; Employment Address; Social Security Number; Signature	Union receives information. For union enrollment
75. Transit benefit Plans (Wage works) <i>(Human Resources—HR Processing)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Signature; OTHER: Employee Reference Number	MTA gets information to obtain transit benefits for the employee
76. Direct Deposit of Net Pay Enrollment Form <i>(Human Resources—HR Processing)</i>	Name; Contact information (e.g., phone or email); Employer information; Signature; OTHER: Bank account number; Employee ID number	Bank receives the information to enroll the employee in direct deposit

Record Name (<i>Bureau</i>)	Identifying Information Disclosed	Record Description
77. Medical Spending Conversion-- Benefits Buy Out (<i>Human Resources—Health Benefits and Leave Unit</i>)	Name; Date of Birth; Current and/or previous home addresses; Marital or partnership status; Contact information (e.g., phone or email); Employment status; Income tax information; Social Security Number; Signature	Required to verify employee's status
78. Application for Management Benefits (<i>Human Resources—Health Benefits and Leave Unit</i>)	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Marital or partnership status; Contact information (e.g., phone or email); Employer information; Social Security Number; Signature	Required to verify enrollment
79. Candidate Investigation Survey-- 3rd Party Agency (<i>Human Resources—Verification Unit</i>)	Name; Current and/or previous home addresses; Employment status; Employer information; Social Security Number; OTHER: Disclosure of performance and team relationship	To verify employment information
80. Rejection of Request (<i>Human Resources—Verification Unit</i>)	Name	For history
81. Verification of Employment Letter (<i>Human Resources—Verification Unit</i>)	Name; Employment status; Employer information; Employment address; Social Security Number	To verify employment information for employers
82. FD Personnel Service Record (from the 19th-Early 20th century; no longer used) (<i>Human Resources—Verification Unit</i>)	Name; Date of Birth; Place of Birth; Nationality; Country of origin; Employment status; Employer information; Employment address; OTHER: Department orders, rank/promotions, assignments, height and weight, charges and outcomes, roll of merit.	Only retained and disclosed for family genealogy requests
83. FD Personnel Service record (20th century up to mid-1990s) (<i>Human Resources—Verification Unit</i>)	Name; Date of Birth; Place of Birth; Current and/or previous home addresses; Employment status; Social Security Number; OTHER: Badge number, height, department orders, rank/promotions, assignments, charges and outcomes, roll of merit	Only retained and disclosed nowadays for family genealogy requests

Record Name (<i>Bureau</i>)	Identifying Information Disclosed	Record Description
84. Transit benefit Plans (<i>Human Resources—HR Processing</i>)	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Signature; OTHER: Employee Reference Number	MTA gets information to obtain transit benefits for the employee
85. Employment Verification Form (<i>Human Resources—Candidate Investigation</i>)	Name; Current and/or previous home addresses; Employment status; Employer information; Employment address; Social Security Number; Signature	Required for background check for employment verification
86. Request Pertaining to Military Records (SF-180) (<i>Human Resources—Candidate Investigation</i>)	Name; Date of Birth; Place of Birth; Contact information (e.g., phone or email); Social Security Number; Signature	Required for background processing to ensure rights and benefits are granted
87. Education Verification (<i>Human Resources—Candidate Investigation</i>)	Name; Date of Birth; Social Security Number; Signature	Required for background verification of education
88. Controlled Substance Audit Form (<i>Investigations & Trials</i>)	Name; Employer information; Employment address; Shield Number	It is a required procedure by the Department
89. Notice of Infraction (Municipal) (<i>Investigations & Trials</i>)	Name; Employer information; Employment address	Issued for a wide variety of violations.
90. Notice of Infraction (Voluntary) (<i>Investigations & Trials</i>)	Name; Employer information; Employment address; Signature	Issued for a wide variety of violations
91. SIU Complaint Form (<i>Investigations & Trials</i>)	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Employer information; Employment address	The form is used by inspectors to record complaints. It is required by the Department
92. Request for Drug and/or Alcohol Retest (T-3 Form) (<i>Investigations & Trials</i>)	Name; Employment status; Employer information; Social Security Number; Signature; OTHER: Badge number	Drug and Alcohol Tests are mandated by the Department.
93. Chain of Custody (COC) Sample Tracking Form (<i>Investigations & Trials</i>)	Name; Employer information; Employment address; Signature	Form used by the unit and Quest Diagnostics to track the receipt of samples given for toxicology testing
94. Forensic Drug testing Custody and Control Form (<i>Investigations & Trials</i>)	Name; Employment status; Employer information; Employment address; Health information; Social Security Number; Signature; OTHER: Shield Number	Routine record for Department-mandated drug testing
95. Drug and/or Alcohol Testing Questionnaire (<i>Investigations & Trials</i>)	Name; Employment status; Employer information; Employment address; Health information; Social Security Number; Signature	Questionnaire given to employees for them to disclose any use of medications and substances containing alcohol

Record Name <i>(Bureau)</i>	Identifying Information Disclosed	Record Description
		prior to testing of specimen for drugs/alcohol
96. Drug Book <i>(Investigations & Trials)</i>	Name; Health information; Social Security Number; Signature	The results from random drug testing are recorded in this journal.
97. CCU referral <i>(Investigations & Trials)</i>	Name; Contact information (e.g., phone or email); Motor vehicle information; Health information	It is collected in order to complete an official report so that it may be sent (referred) to its respective division to be further investigated.
98. Medical Documentation Verification Form <i>(Investigations & Trials)</i>	Name; Current and/or previous home addresses; Date of Birth; medical information	Form is collected and retained in order to verify if an employee was treated at a medical facility. This form is provided / disclosed to the medical provider to verify the visit
99. Complainant Letter <i>(Investigations & Trials)</i>	Name; Current and/or previous home addresses	Letter sent to complainants requesting contact. copy is retained in case folder
100. Voluntary Hospital ePCR request <i>(Investigations & Trials)</i>	Name; Health information	In order to obtain an EPCR from a 9-1-1 providing hospital the request is made officially on this document and forwarded to the specific hospital's EMS supervisor
101. NYS DOH Notification Form <i>(Investigations & Trials)</i>	Name; Health information; Social media account information; Status as victim of domestic violence or sexual assault; Status as crime victim or witness	The document is collected as part of the requirement to notify the DOH of any violation to NYS DOH Part 800.21Q
102. Notice of Interview <i>(Investigations & Trials)</i>	Name; Employment address; Any scheduled appointments with any employee, contractor, or subcontractor	Document is completed and disclosed to notify employees when to appear at the bureau
103. CCU Complaint Intake Form <i>(Investigations & Trials)</i>	Name; Current and/or previous home address; Health information; Social Security Number	Document is created and retained to track all incoming complaints received by CCU. The document may be disclosed depending on the allegation such as criminal.
104. BITs Disciplinary Case File <i>(Investigations & Trials)</i>	Name; social security number, tax id number, photographs; voice prints; Current and/or previous home addresses; Contact information (e.g., phone or email); country of origin, date of birth, gender identity,	For the purposes of conducting FDNY Disciplinary Investigations and for the purpose of adjudicating FDNY Disciplinary cases under Civil Service Law Section 75.

Record Name <i>(Bureau)</i>	Identifying Information Disclosed	Record Description
	languages spoken, martial or partnership status; nationality; race; religion; sexual orientation; citizenship or immigration status; employment status; status as a victim of domestic violence or sexual assault; status as a crime victim or witness; Employer information; Employment address; Any scheduled appointments with any employee, contractor, or subcontractor; Any scheduled court appearances; eligibility for or receipt of public assistance or City services; income tax information; motor vehicle information; Arrest record or criminal conviction; Date and/or time of release from custody of ACS, DOC, or NYPD; Information obtained from any surveillance system operated by, for the benefit of, or at the direction of NYPD; Device identifier including media access control (MAC) address or Internet mobile equipment identity (IMEI); GPS-based location obtained or derived from a device that can be used to track or locate an individual; Internet protocol (IP) address; Social media account information and medical information	
105. BITs Investigation File <i>(Investigations & Trials)</i>	Name; social security number, tax id number, photographs; voice prints; Current and/or previous home addresses; Contact information (e.g., phone or email); country of origin, date of birth, gender identity, languages spoken, martial or partnership status; nationality; race; religion; sexual orientation; citizenship or	For the purposes of conducting investigations into allegations of FDNY employee misconduct.

Record Name <i>(Bureau)</i>	Identifying Information Disclosed	Record Description
	immigration status; employment status; status as a victim of domestic violence or sexual assault; status as a crime victim or witness; Employer information; Employment address; Any scheduled appointments with any employee, contractor, or subcontractor; Any scheduled court appearances; eligibility for or receipt of public assistance or City services; income tax information; motor vehicle information; Arrest record or criminal conviction; Date and/or time of release from custody of ACS, DOC, or NYPD; Information obtained from any surveillance system operated by, for the benefit of, or at the direction of NYPD; Device identifier including media access control (MAC) address or Internet mobile equipment identity (IMEI); GPS-based location obtained or derived from a device that can be used to track or locate an individual; Internet protocol (IP) address; Social media account information and medical information	
106. BITs Arrest File <i>(Investigations & Trials)</i>	Name; Date of Birth; Place of Birth; Current and/or previous home addresses; Gender identity; Race; Contact information (e.g., phone or email); Citizenship/immigration status; Nationality; Country of origin; Languages spoken; Employment status; Employer information; Employment address; Motor vehicle information; Status as victim of domestic violence or sexual assault; Status as crime victim or witness; Arrest record or	For the purpose of tracking the criminal cases of FDNY members who have been charged with crimes.

Record Name <i>(Bureau)</i>	Identifying Information Disclosed	Record Description
	criminal conviction; Date and/or time of release from custody of ACS, DOC, or NYPD; Any scheduled court appearances; Information obtained from any surveillance system operated by, for the benefit of, or at the direction of the NYPD; Social Security Number; Signature Arrest record or criminal conviction; Date and/or time of release from custody of ACS, DOC, or NYPD; Information obtained from any surveillance system operated by, for the benefit of, or at the direction of NYPD; Device identifier including media access control (MAC) address or Internet mobile equipment identity (IMEI); GPS-based location obtained or derived from a device that can be used to track or locate an individual; Internet protocol (IP) address; Social media account information	
107. Labor/Management meetings and Subject matter files <i>(Legal Affairs)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Health information; Arrest record or criminal conviction; Arrest record or criminal conviction; Scheduled appointments with any employee, contractor, or subcontractor; Signature; OTHER: Health information may include duty status if the subject of the meeting or file pertains to Reasonable Accommodation. Arrest record may be included in Restriction Reports which are maintained by the Department, and a copy of such is shared with Labor Relations	These are files maintained to address various subjects and issues which are not the subject of grievances or Improper Practice petitions. Maintain records of labor/management meetings and subject-matter discussions

Record Name <i>(Bureau)</i>	Identifying Information Disclosed	Record Description
108. High Rise Residential nonsequential plan <i>(Fire Prevention—High Rise Unit)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Signature, EIN	
109. Letter of Approval/Disapproval <i>(Fire Prevention—Technology Management--Certificate of Approval-Fire Equipment; Legal Enforcement Unit)</i> As of 9/3/2021 transitioned to Accela Fires	Name; Date of Birth; Current and/or previous home addresses; Employment address; Any scheduled court appearances; Contact information (e.g., phone or email);	Letter of Approval/Disapproval generated from FPIMS. Notifying petitioner that their fire equipment has been approved or disapproved
110. Accela Fires <i>(Fire Prevention)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Signature. EIN	Information is collected and disclosed by Fire Prevention utilizing this application as of 9/3/2021
111. Agreements, MOUs, licensing etc. <i>(Legal Affairs—General Law Unit)</i>	Name; Date of birth; Place of Birth; Current and/or previous home addresses; Gender identity; Race; Marital or partnership status; Sexual orientation; Contact information (e.g., phone or email); Citizenship/immigration status; Nationality; Country of origin; Languages spoken; Religion; Employment status; Employer information; Employment address; Motor vehicle information; Biometric information such as fingerprints and photographs; Health information; Social media account information; Income tax information; Eligibility for or receipt of public assistance or city services; Status as victim of domestic violence or sexual assault; Status as crime victim or witness; Arrest record or criminal conviction; Date and/or	Necessary for completion of MOUs and Agreements. Saved on H drive or LawTrac

Record Name (<i>Bureau</i>)	Identifying Information Disclosed	Record Description
	time of release from custody of ACS, DOC, or NYPD; Any scheduled court appearances; Information obtained from any surveillance system operated by, for the benefit of, or at the direction of the NYPD; Scheduled appointments with any employee, contractor, or subcontractor; Social Security Number; Signature	
112. Law Trac (<i>Legal Affairs—General Law Unit</i>)	Name; Date of Birth; Place of Birth; Current and/or previous home addresses; Gender identity; Race; Marital or partnership status; Sexual orientation; Contact information (e.g., phone or email); Citizenship/immigration status; Nationality; Country of origin; Languages spoken; Religion; Employment status; Employer information; Employment address; Motor vehicle information; Biometric information such as fingerprints and photographs; Health information; Social media account information; Income tax information; Eligibility for or receipt of public assistance or city services; Status as victim of domestic violence or sexual assault; Status as crime victim or witness; Arrest record or criminal conviction; Date and/or time of release from custody of ACS, DOC, or NYPD; Any scheduled court appearances; Information obtained from any surveillance system operated by, for the benefit of, or at the direction of the NYPD; Scheduled appointments with any employee, contractor, or subcontractor; Social Security Number; Signature; OTHER: Information that is gathered and	Information that is gathered and shared is dependent upon and responsive to litigation or administrative case filings. Identifiers are redacted as much as possible to address the legal action with minimal disclosure. Information is released to the NYC Law Department where they are attorney of record; State and Federal Courts and attorneys pursuant to discovery and other court orders; and administrative bodies like EEOC, NY State Division of Human Rights, and NYC Human Rights Commission as necessary to defend pending actions against FDNY.

Record Name (<i>Bureau</i>)	Identifying Information Disclosed	Record Description
	<p>shared is dependent upon and responsive to litigation or administrative case filings. Identifiers are redacted as much as possible to address the legal action with minimal disclosure. Information is released to the NYC Law Department where they are attorney of record; State and Federal Courts and attorneys pursuant to discovery and other court orders; and administrative bodies like EEOC, NY State Division of Human Rights, and NYC Human Rights Commission as necessary to defend pending actions against FDNY</p>	
<p>113. Individual Attorney computers, Network H drive and S drive (<i>Legal Affairs—General Law Unit</i>)</p>	<p>Name, social security number, taxpayer id number, fingerprints, photographs, voiceprints; home address; email address; phone number; country of origin; Country of origin; Date of birth; gender identity; Languages spoken; Marital or partnership status; Nationality; Race; Religion; Sexual orientation; Citizenship or immigration status; Employment status; Status as a victim of domestic violence or sexual assault; Status as a crime victim or witness; Employer information; employment address; Any scheduled appointments with any employee, contractor, or subcontractor Any scheduled court appearances; Eligibility for or receipt of public assistance or City services; Income tax information; Motor vehicle information; Arrest record or criminal conviction; Date and/or time of release from custody of ACS, DOC, or NYPD; Device</p>	<p>Information that is gathered and shared is dependent upon and responsive to litigation or administrative case filings. Identifiers are redacted as much as possible to address the legal action with minimal disclosure. Information is released to the NYC Law department and the court for EEO cases and other city agencies. Sharing internally as well.</p>

Record Name <i>(Bureau)</i>	Identifying Information Disclosed	Record Description
	identifier including media access control (MAC) address or Internet mobile equipment identity (IMEI); GPS-based location obtained or derived from a device that can be used to track or locate an individual; Internet protocol (IP) address; Social media account information	
114. FOIL request <i>(Legal Affairs—Freedom of Information Law Unit)</i>	Name; Date of birth; Current and/or previous home addresses; Gender identity; Race; Marital or partnership status; Contact information (e.g., phone or email); Employer information; Employment address; Motor vehicle information; Health information; Status	To fulfill FOIL request
115. Public Records Requests Violation Special Report, Letter of Approval; Bulk Fuel Storage Request; Building Records Request; PCR request <i>(Legal Affairs—Public Records)</i>	Name; Date of birth; Current and/or previous home addresses; Gender identity; Race; Marital or partnership status; Contact information (e.g., phone or email); Employer information; Employment address; Motor vehicle information; Health information; Status	This Unit discloses the records requests by the general public with proper authorization/documentation.
116. Custody & Control Form <i>(Legal Affairs—Substance Testing Unit)</i>	Name; Date of birth; Contact information (e.g., phone or email); Social Security Number; Signature; OTHER: Employee's Badge # is combined with employee last four digits of SS# which then serves as a unique identifier on the CCF	Information is to protect the integrity of the process. Information is to protect the integrity of the process. Disclosure to Quest for testing as routine.
117. Drug and/or Alcohol Questionnaire Form <i>(Legal Affairs—Substance Testing Unit)</i>	Name; Employer information; Social Security Number; Signature; OTHER: Only last four SS# is collected and badge number and medical information	To preserve the integrity of the substance testing process. Shared only internally with BITs and medical staff.
118. Random Selection List <i>(Legal Affairs—Substance Testing Unit)</i>	Name; Employment address	Random selection list consists of individual selected for random drug testing and is retain as an official record in the

Record Name <i>(Bureau)</i>	Identifying Information Disclosed	Record Description
		normal course of business for audit purpose. Is shared with Fire Union and BITs as needed.
119. Toxicology Drug Test Report <i>(Legal Affairs—Substance Testing Unit)</i>	Employer information; Employment address; Social Security Number; OTHER: Last four SS# and Employee's badge number is used and a donor ID on this report.	This Information is only disclosed in case when sample is reported positive and/or with Audit unit if requested. Only shared with BITs internally and Quest receives the report as well.
120. Cure Letter <i>(Legal Affairs)</i>	Current and/or previous home addresses; Employment address	We collect this information to verify that violating conditions are timely corrected and that there is compliance with remedying the violating condition.
121. Correction Letter <i>(Legal Affairs)</i>	Current and/or previous home addresses; Employment address	We collect the information to verify that subject properties do not have outstanding violations issued by FDNY.
122. Parking & Traffic Summonses <i>(Legal Affairs – Legal Enforcement)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Motor vehicle information; Signature	This information is collected to maintain a record of all traffic and parking tickets issued by FDNY.
123. Partial Cure <i>(Legal Affairs - Legal Enforcement)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Race; Contact information (e.g., phone or email); Any scheduled court appearances	This data is collected as part of the verification process to the Respondent and OATH that the Respondent has attempted to comply with the violation(s) within the stated timeframe.
124. Conflict of Interest shared drive <i>(Legal Affairs—Conflict of Interest)</i>	Name; marital status; employment status; Employer information; Employment address	Collected for the purposes of sharing with COIB and obtaining waivers
125. Controlled Substance Database <i>(Medical Affairs)</i>	Name; Date of Birth; Social Security Number	Narcotic usage reports are required by NYS Bureau of EMS
126. STEMI Feedback Forms (Heart attack referrals) <i>(Medical Affairs)</i>	Name; Date of Birth; Gender identity	Information is provided from the individual hospitals so we can follow up for quality assurance purposes
127. NYS REMAC Liaison <i>(Medical Affairs)</i>	Name; Current and/or previous home addresses; Contact information (e.g., phone or email); Employment status; Employer information; Scheduled appointments with	Information is collected and disclosed as required by NYS Public Health Law Article 30

Record Name <i>(Bureau)</i>	Identifying Information Disclosed	Record Description
	any employee, contractor, or subcontractor; Signature; OTHER: NYS DOH Paramedic Certification Number	
128. OMA EMS Research <i>(Medical Affairs)</i>	Gender identity; Race	The information is aggregated and used in approved medical publications
129. Naloxone leave behind kits <i>(Medical Affairs)</i>	Date of birth, gender, zip code	Collecting and sharing kit information with DOHMH and ultimately NYS DOH
130. Frequent utilizers <i>(Medical Affairs)</i>	Name, phone number	Date is collected by a third-party vendor to assist in identifying frequent utilizers and shared with DOHMH
131. Office of Public Information	Name; Photographs; Current and/or Previous Address; Date of Birth; Gender Identity; Languages Spoken; Marital or Partnership Status; Nationality; Race; Religion; Sexual Orientation; Citizenship or Immigration Status; Employment Status; Employer Information; Employment Address; Social Media Account Information	Collecting and sharing with the public and news media
132. Expression of Interest (EOI) forms kept in the recruitment database <i>(Recruitment & Retention)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Race; Contact information (e.g., phone or email); Motor vehicle information; OTHER: Education	This information is used to contact Applicants and Candidates regarding ORR's programs and events.
133. Revenue Management reoccurring reports dealing with EMS transports <i>(Revenue Management)</i>	Name, Date of Birth, Current and/or previous home addresses; Gender identity; Contact information (e.g., phone or email); Signatures, health information; health insurance information	Revenue management maintains a variety of different reports that are prepared utilizing both the EMS medical records platform as well as billing platform. Shared with third party vendors.
134. Billing platform (Digitech) <i>(Revenue Management)</i>	Name, Date of Birth, Current and/or previous home addresses; Gender identity; Contact information (e.g., phone or email); signatures, health information; health insurance information	This information is collected and shared for the purposes of preparing claims and invoices – third party vendor. Shared with third party vendors.

Record Name <i>(Bureau)</i>	Identifying Information Disclosed	Record Description
135. Revenue Management reoccurring reports dealing with non-EMS transports <i>(Revenue Management)</i>	Name; Date of Birth; Current and/or previous home addresses; Contact information (e.g., phone or email); Motor Vehicle information; insurance information; Employer Information; Employment Status	These reports are prepared for the purposes of reimbursement for property damage and costs related for HAZMAT responses and training. Shared with third party vendors and the recipients of the invoices.
136. Spill Bill <i>(Revenue Management)</i>	Name; Motor vehicle information	Information is required to properly identify responsible parties for hazardous material spills, and to submit claims to recoup City's related cleanup costs.
137. Accident Claims <i>(Revenue Management)</i>	Name; Current and/or previous home addresses; Motor vehicle information	Information is required to properly identify responsible parties for damage caused to FDNY's vehicles and to submit claims to recoup FDNY's related repair costs. Shared with the vendor.
138. Accident Reporting System <i>(Safety & Inspection Command)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Employment status; Employer information; Employment address; Motor vehicle information; Signature	For accident tracking and reporting to DCAS (for claims, revenue, etc.)
139. Accident Reports <i>(Safety & Inspection Command)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Motor vehicle information; Signature	For accident reporting to DCAS
140. Chauffeur School License Verification <i>(Safety & Inspection Command)</i>	Name; Motor vehicle information	For license verification prior to chauffeurs being approved for chauffeur school
141. NYS License Plate Log <i>(Safety & Inspection Command)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Contact information (e.g., phone or email); Motor vehicle information	If a member is involved in an accident with a civilian vehicle
142. Travel Requests <i>(Safety & Inspection Command)</i>	Name; Date of Birth; Contact information (e.g., phone or email); Employment status;	To book travel on behalf of the Department (conferences, training, committees, etc.)

Record Name (Bureau)	Identifying Information Disclosed	Record Description
	Employer information; Employment address; Signature	
143. Serious Injury Reports/Fatal Fire Reports (Safety & Inspection Command)	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Marital or partnership status; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Motor vehicle information; Health information; Eligibility for or receipt of public assistance or city services; Social Security Number; Signature	To document incidents as a resource for influencing the evolution of agency policies and procedures
144. Quartermaster (QM) Download (Support Services)	Name; Employment status; Employer information; Employment address; Social Security Number; OTHER: Last 4 digits of Social Security Number; Rank	The name and last four digits of social security number are used to identify members' account. Rank is used to see what uniforms the member is entitled to. Work location is used to deliver items to member.
145. NYC Mayor's Office of Contract Services Doing Business Data Form (Technical Services)	Name; Date of Birth; Current and/or previous home addresses; Contact information (e.g., phone or email); Employer information	Required procurement document that is sent to Fiscal Services and uploaded in the eCMS Fiscal Services Procurement System
146. CFRD State Certification Applications (Training)	Name; Date of Birth; Current and/or previous home addresses; Employment status; Employer information; Employment address; Social Security Number (last 4)	In order to apply for state certification of CFRD and apply to take state test for CFRD certification and disclosed to NYS DOH.
147. TBTA reimbursement form (Training)	Name; Current and/or previous home addresses; OTHER: Reference number; Rank; EZPass record	Employee contact and emergency contact purposes
148. Training (Uniformed Personnel)	Name; Date of Birth; Place of Birth; Current and/or previous home addresses; Gender identity; Contact information (e.g., phone or email); Signature	The identifying information is part of the NYS DOH BLEMS form utilized for recertification and shared with NYS DOH
149. Extended Military Benefit Program (Uniformed Personnel)	Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Income tax information; Signature	For the member to receive a differential pay from the City while deployed overseas for an approved operational contingency or homeland security.

Record Name <i>(Bureau)</i>	Identifying Information Disclosed	Record Description
150. Digital Signature Consent - HIPAA, WTCHP Participation, WTC PHI to BHS, BHS PHI to WTC, Research, X-Ray <i>(WTC Health Program Clinical and Data Center)</i>	Name; signature; Social Security Number; DOB; medical record number; Gender	For the institutional review board
151. WTC Health Program Medical Record <i>(WTC Health Program Clinical and Data Center)</i>	Name; SSN; DOB; Home address, email address, phone number; marital status	Healthcare program collecting information in relation to the monitoring of and treatment for WTC-related disease, disclosures occur within the bounds of treatment payment and operations
152. Mental Health Treatment Record <i>(Health Services)</i>	Name; SSN; Date of birth; medical record number; home addresses; Gender identity; Race; Marital or partnership status; Sexual orientation; email address; phone number; Employment status	Information collected for the purpose of treating mental health disorders. Information disclosed to BHS Psychiatrist on staff and Legal upon request; also, to NIOSH and its subcontractors for certification of WTC-related MH disorders
153. Radiology Information System (RIS) <i>(Health Services—X-ray Unit)</i>	Name; Date of Birth; Current and/or previous home addresses; Gender identity; Contact information (e.g., phone or email); Employment status; Employer information; Employment address; Health information; Social Security Number; OTHER: Patient ID; Patient's Employee ID; Accession # of X-Ray study performed and type of X-Ray study performed	Patient registration, identification, contact information. In order to identify the type of X-Ray studies performed, for whom and when they were performed. To see a patient's X-Ray exam history in RIS. To create X-Ray exam orders for patients in RIS, which are completed electronically so that an electronic report (documenting the results for each X-Ray study) for each exam/study can be created by a Radiologist from Brightview Radiology.
154. X-Ray Film\Film Jackets <i>(Health Services—X-ray Unit)</i>	Name; Date of Birth; Gender identity; Employment status; Employer information; Employment address; Health information; Social Security Number	To store patients' X-Ray films and reports (inside film jackets) in the X-Ray file room as a record of the X-Ray exam history at FDNY.
155. X-Ray Reports <i>(Health Services—X-ray Unit)</i>	Name; Date of Birth; Gender identity; Employment status; Employer information; Employment address; Health	An X-Ray report is generated by a Radiologist after each X-Ray exam performed to document the results. This

Record Name <i>(Bureau)</i>	Identifying Information Disclosed	Record Description
	information; Social Security Number; OTHER: Patient ID; Patient's Social Security Number; Accession # and type of X-Ray exam performed	information is shared with the third-party vendor who mails out the report.
156. X-Ray Request Forms <i>(Health Services—X-ray Unit)</i>	Name; Date of birth; Employment status; Employer information; Employment address; Health information; Signature	To obtain the patient's consent to perform any X-Ray exam that was required at the time of their visit. These forms were also used by FDNY physicians to order X-Ray exams for active FDNY Firefighters/EMS, WTC Retirees and Fire/EMS Candidates.