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| DEPARTMENT OF HOMELAND SECURITYU.S. COAST GUARD**ADMINISTRATIVE REMARKS** |
| **PRIVACY ACT STATEMENT** Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.**AUTHORITY**: 14 U.S.C. § 505**PURPOSE**: To document a USCG service member’s achievements, accomplishments, Uniform Code of Military Justice (UCMJ) infraction(s), or any other USCG military pay or personnel activity.**ROUTINE USES:** Authorized USCG officials will use this information to validate a USCG service member’s achievements, accomplishments, UCMJ infraction(s) or any other USCG military pay or personnel activity. Any external disclosures of information within this record will be made in accordance with DHS/USCG-014, Military Pay and Personnel, 76 Federal Register 66933 (October 28, 2011).**CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:** Providing this information is voluntary. However, failure to provide this information may result in a delay in administrating this form. |
| Entry Type: Performance and Discipline (P&D-39)Reference: (a) U.S. Coast Guard Maritime Law Enforcement Manual, COMDTINST M16247.1 (series) (b) U.S. Coast Guard Maritime Counterdrug and Alien Migrant Interdiction Operations (CD-AMIO) Manual, COMDTINST M16247.4 (series)Responsible Level: UnitEntry: Incidental exposure to / handling of drug contrabandDDMMMYYYY: On DDMMMYYYY, while supporting authorized maritime law enforcement operations in your official capacity, you were directly involved in the handling of, or in close proximity to, suspected narcotic contraband during which you may have received an incidental exposure to the controlled substance enter substance. This exposure was in relation to enter case number(s) e.g. "MISLE case #: 12345678 and FDIN#: 11111111". In accordance with references (a) and (b), these administrative remarks serve as documentation of your exposure to this controlled substance and shall be entered into your medical record.First MI. LastNameCommanding OfficerDDMMMYYYY: I acknowledge the above entry. First MI. LastName |
| 1. NAME OF PERMANENT UNIT

      | 1. NAME OF UNIT PREPARING THIS FORM

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| 1. NAME OF MEMBER (Last, First, MI)

      | 1. EMPLOYEE ID NUMBER

      | 1. GRADE/RATE

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Scan original into member's OMPF

CG-3307 (09/23)

Expiration: 09/33

PREVIOUS EDITIONS ARE OBSOLETE

Page 1 of 1