

SENSITIVE SECURITY INFORMATION

**Section VIII: Reporting Officer's Summary/Narrative**

In addition to this Summary/Narrative attach separate Witness Statement from each TSA Employee who witnessed the Incident. Reporting Officer must review all Statements.

Your Physical Position at Time of Incident:

N/A

Location of Incident:

Travel Document Checker (TDC)

Name of Individual and any other identifying information:

(b)(6)

Who else witnessed the Incident?

N/A

What happened? Write in chronological order. Provide facts, not opinions and conclusions. Did the individual say anything during the Incident? If yes, quote their actual words to the best of your ability. Include only what you know first-hand. Write clearly or type.

At 1352 hours Mountain Time (MT) on 09/16/2014 it was reported to El Paso Coordination Center (ELP CC) Master Coordination Center Officer (MCCO) Graciela Juarez by Airport Security Coordinator Tony Nevarez that on duty United Service Organizations (USO) Volunteer (b)(6) presented her expired SIDA badge, number (b)(6) to the Transportation Security Administration (TSA) Ticket Document Checker (TDC) and was allowed entry to the sterile area. MCCO Juarez notified by email and text message the Federal Security Director (FSD) Juan Sanchez, Assistant FSD (AFSD) Screening James Feely, AFSD Law Enforcement (b)(6), (b)(7)(C) AFSD Inspection Andres Gonzalez Jr., all seven Transportation Security Inspectors (TSIs), all six Transportation Security Managers (TSMs), both Transportation Security Specialists-Explosives (TSS-ES), and all eleven Behavior Detection Officers (BDOs). Review of Closed Circuit Television (CCTV) by Transportation Security Manager (TSM) revealed that TSA Master Behavior Detection Officer (MBDO) (b)(6) who was in the area, checked (b)(6) SIDA Badge against the STOP List and allowed her to proceed to screening via Pre Check lane two. (b)(6) completed checkpoint screening with negative results and continued to the East Concourse and to the USO Lounge. (b)(6) swiped her SIDA badge at the elevator which leads to a storage room, attempted to open the door to the storage room with the key she was issued but the key did not work. Upon swiping her SIDA badge to return to the USO Lounge, it would not allow her access to the elevator. (b)(6) contacted Airport Operations who determined that her SIDA badge had expired as of 09/01/2014. Airport Operations Assistant Officer Julian Martinez responded and interviewed (b)(6) who stated that the TDC allowed her entry to the sterile area with the expired SIDA badge and that she did not notice that it was expired. OPS Officer Martinez escorted (b)(6) to the USO to retrieve her personal belongings, via the checkpoint, at which time (b)(6) presented her expired SIDA badge, once again, to the TDC officer. Transportation Security Officer (TSO) (b)(6) checked her SIDA Badge against the STOP List and allowed her to proceed to screening via Pre Check lane two. After retrieving her personal belongings from the USO, Martinez escorted her out of the sterile area and to the Badging Office where her SIDA badge was confiscated. (b)(6) departed the airport and will be attending SIDA training. There was no Law Enforcement Officer (LEO) involvement. There was no security sweep conducted. CCTV was reviewed with unknown results. There was no impact to airport operations. MCCO Juarez telephonically notified and updated the Transportation Security Operations Center (TSOC) (b)(6). There was no impact to airport operations. At the time of this report, there was no media attention. An EIR against (b)(6) is pending review.

Additional Details:

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SENSITIVE SECURITY INFORMATION

| Section IX: Reporting Officer                      |  |                                            |            |
|----------------------------------------------------|--|--------------------------------------------|------------|
| Position: Position - Other (please specify)<br>TSM |  | Duty Assignment<br>Consolidated Checkpoint |            |
| Duty Telephone<br>915-526-(b)(6)                   |  |                                            |            |
| Last Name:<br>(b)(6)                               |  | First Name<br>(b)(6)                       |            |
| User Name:<br>(b)(6)                               |  | Terminal                                   | Shift<br>2 |
| Printed Name (If Not Shown Above)                  |  | Signature and Date<br>(b)(6) 09/14/2014    |            |
| Section X: Reviewing Officer                       |  |                                            |            |
| Position:<br>TSM                                   |  | Duty Telephone<br>915-526-(b)(6)           |            |
| Last Name:<br>(b)(6)                               |  | First Name<br>(b)(6)                       |            |
| Printed Name (If Not Shown Above)                  |  | Signature and Date<br>(b)(6) 09/16/2014    |            |

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**SENSITIVE SECURITY INFORMATION**



**Transportation  
Security  
Administration**

**Section XII: TSA Employee Statement (completed by those who witnessed or participated in reportable incident and reviewed by reporting officer)**

|                                                                                                                                                                                           |  |                                                 |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|-----------------------------------------------------|
| Your Name:<br>(b)(6)                                                                                                                                                                      |  | Title:<br>Transportation Security Manager (TSM) | Position at Time of Incident:<br>TSM at ELP         |
| Location of Incident:<br>Consolidated Checkpoint, Travel Document Checker                                                                                                                 |  | Date of Incident:<br>09/16/2014                 | Date/Time of Statement:<br>09/16/2014 at 1800 hours |
| Name of Individual and any other identifying information:<br>Ginette Bocanegra                                                                                                            |  |                                                 |                                                     |
| Who else witnessed the incident?<br>OPS Assistant Officer Julian Martinez                                                                                                                 |  |                                                 |                                                     |
| Boarding Pass and ID returned?<br><input type="checkbox"/> Yes<br>If Yes, By Whom?<br><input type="checkbox"/> No<br>If No, Explain<br><input checked="" type="checkbox"/> Not Applicable |  |                                                 |                                                     |
| Artfully Concealed? If yes, explain.<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                          |  |                                                 |                                                     |
| Timing and description of LEO response, if applicable:<br>Not called, no response.                                                                                                        |  |                                                 |                                                     |
| AIT Type: <input type="checkbox"/> I3 <input type="checkbox"/> Rapsican <input type="checkbox"/> Other (specify):                                                                         |  | AIT Pal-down conducted by:<br>N/A               |                                                     |

(b)(3)-49 U.S.C. § 114(r)

**Narrative:** Describe what happened. Write in chronological order. Provide facts, not opinions and conclusions. Did the individual say anything during the incident? If yes, quote their actual words to the best of your ability. Include only what you know first-hand. Write clearly or type. If additional room is required attach additional sheets.

On 09/16/2014 at approximately 1400 hours Mountain Time (MT) I informed by the Coordination Center that a USO Volunteer (b)(6) had gotten through TDC and in to the sterile area with her expired SIDA badge. I obtained all information from OPS Officer on Duty (b)(6) contacted M (b)(6) and reviewed the CCTV. CCTV revealed that Ms (b)(6) got through the TOC with her expired SIDA badge two times on 09/16/2014, at 1138 hours and again at 1259 hours.

(b)(6)

(b)(6)

Printed Name

Signature and Date

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SENSITIVE SECURITY INFORMATION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                      |                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|-----------------------------------------------------------------|
| (b)(6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Title:<br><b>Security Officer</b>    | Position at Time of Incident:<br><b>Travel Document Checker</b> |
| Location of Incident:<br><b>Pass consolidated checkpoint</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Date of Incident:<br><b>9-16-14</b>  | Date/Time of Statement:<br><b>9-18-14</b>                       |
| Name of Individual and any other identifying information:<br>(b)(6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                      |                                                                 |
| Who else witnessed the incident?<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                      |                                                                 |
| Boarding Pass and ID returned?<br><input type="checkbox"/> Yes<br>If Yes, By Whom?<br><br><input type="checkbox"/> No<br>If No, Explain<br><br><input checked="" type="checkbox"/> Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                      |                                                                 |
| Activity Concealed? If yes, explain.<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                      |                                                                 |
| Timing and description of LEO response, if applicable:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                      |                                                                 |
| AIT Type: <input type="checkbox"/> L3 <input type="checkbox"/> Rampscan <input type="checkbox"/> Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | AIT Pat-down conducted by:           |                                                                 |
| (b)(3) 49 U.S.C. § 114(i)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                      |                                                                 |
| <p>actual words to the best of your ability. Include only what you know first-hand. Write clearly or type. If additional room is required attach additional sheets.</p> <p>On Tuesday 16, of September 2014 I went to the Travel Document checker position at around 1215 am. I then asked for a tapout after 30 min as per the SOP. Supervisor (b)(6) told me to wait. After a while I asked if I could fall back since there was three officers at the Travel Document checker position and he told me just to stay there. I remember checking (b)(6) badge. I recall checking her while the stoplist and she was not on there. I then let her into the checkpoint through lane 2. I then didn't get tapped out till 1330 when it was time to leave.</p> |  |                                      |                                                                 |
| (b)(6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | (b)(6)                               |                                                                 |
| Printed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Signature and Date<br><b>9-18-14</b> |                                                                 |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------|-----------------------------------------------------|
| You: (b)(6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Title: <b>MBDO</b>                | Position at Time of Incident: <b>BDO checkpoint</b> |
| Location of Incident:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Date of Incident: <b>09/16/14</b> | Date/Time of Statement: <b>9/18/14 1045</b>         |
| Name of Individual and any other identification information:<br>(b)(6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                   |                                                     |
| Who else witnessed the incident? <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                   |                                                     |
| Boarding Pass and ID returned?<br><input type="checkbox"/> Yes<br>If Yes, By Whom?<br><br><input type="checkbox"/> No<br>If No, Explain:<br><br><input type="checkbox"/> Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                   |                                                     |
| Artfully Concealed? If yes, explain.<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                   |                                                     |
| Timing and description of LEO response, if applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                   |                                                     |
| AIT Type: <input type="checkbox"/> L3 <input type="checkbox"/> Rapiscan <input type="checkbox"/> Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | AIT Pat-down conducted by:        |                                                     |
| (b)(3): 49 U.S.C. § 114(r)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                   |                                                     |
| <p><b>Narrative:</b> Describe what happened. Write in chronological order. Provide facts, not opinions and conclusions. Did the individual say anything during the incident? If yes, quote their actual words to the best of your ability. Include only what you know first-hand. Write clearly or type. If additional room is required attach additional sheets.</p> <p style="font-size: 2em; color: blue;">Do not recall the incident!</p> <div style="position: absolute; bottom: 20px; left: 20px; width: 150px; height: 40px; border: 1px solid black; background-color: white;">(b)(6)</div> <div style="position: absolute; bottom: 20px; right: 20px; width: 200px; height: 100px; border: 1px solid black; background-color: white;">(b)(6)</div> |  |                                   |                                                     |
| Printed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Signature and Date                |                                                     |

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Transportation  
Security  
Administration

Date: October 3, 2014

To: (b)(6)  
Master Behavior Detection Officer  
El Paso International Airport

From: Jesse Gutierrez  
SPOT Transportation Security Manager  
El Paso International Airport

Subject: Letter of Counseling  
(b)(6)

Reference: (b)(6)

The purpose of this letter is to counsel you for failing to identify an expired airport Security Identification Display Area (SIDA) badge. Specifically, on September 16, 2014, at approximately 11:32 a.m., you were performing behavior detection duties in the vicinity of the Travel Document Checker (TDC) podium, United Service Organizations (USO) airport volunteer (b)(6) presented you with an expired SIDA badge, you checked Ms. (b)(6) SIDA badge against the stop list, verified that she was not listed, and allowed her to proceed into the sterile area. You did not notice that Ms. (b)(6) SIDA badge was expired. You failed to follow procedure by allowing Ms. (b)(6) to proceed into the sterile area without proper identification.

Your actions violate the following:

TSA Management Directive (MD) 1100.73-5, Employee Responsibilities and Code of Conduct, section 5.A, which states, "TSA Employees are responsible for behaving in a way that does not bring discredit upon the Federal Government or TSA." Additionally, section 6.E. states, "While on or off-duty, employees are expected to conduct themselves in a manner that does not adversely reflect on TSA, or negatively impact its ability to discharge its mission, cause embarrassment to the agency, or cause the public and/or TSA to question the employee's reliability, judgment or trustworthiness." Furthermore, section 5.A.7 of the directive states TSA employees are responsible for "Observing and abiding by all laws, rules, regulations, and other authoritative policies and guidance, written and unwritten."

On September 17, 2014, I met with you to discuss the matter. You orally stated that you were not aware that you had allowed the airport employee (volunteer) through the checkpoint with an expired SIDA badge. You further stated that you could not believe you had allowed someone through the checkpoint with an expired SIDA badge and apologized for your actions.

I have considered all the evidence on record, including your response and decided to mitigate the penalty to a letter of counseling based on your lack of a disciplinary record, the fact that you have been a TSA employee since August 18, 2002 and the fact that you received a performance rating of Achieved Excellence for FY 2013. I also considered that you accepted responsibility and expressed remorse for your actions.

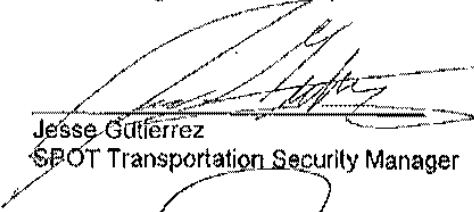
Please be advised that any future incidents of misconduct may result in disciplinary action, up to and including removal from Federal service. If you need further clarification regarding this memorandum and my expectations, please let me know.

This letter of counseling is not a disciplinary action and may not be grieved through the agency grievance procedures. This letter will not be placed in your Official Personnel File (OPF). However, a copy of this letter may be retained in the local supervisory file as documentation that you have been placed on notice regarding this issue of concern and the consequences of repeated behavior.

The Employee Assistance Program (EAP) is available to you to provide counseling services and/or assistance and may be contacted at 1-800-222-0364. The EAP is a confidential resource designed to help employees address a wide range of personal or family issues.

Please sign the acknowledgement of receipt below. Your signature does not indicate agreement with this action; it only represents receipt of this notice on the date signed.

Acknowledgement of Receipt

  
Jesse Gutiérrez  
SPOT Transportation Security Manager

10/31/14  
Date

Acknowledgement of Receipt:

(b)(6)  


Master Behavior Detection Officer

10/02/2014  
Date

Delivery Information:

Hand Delivered By \_\_\_\_\_

\_\_\_\_\_  
Date

(b)(6)