

Getting a DOEHRs-IH "Demo/Train" account

URL: <https://doehrs-ih-demo.csd.disa.mil>

NOTE: Complete the application in 15 minutes or you will have to start over!

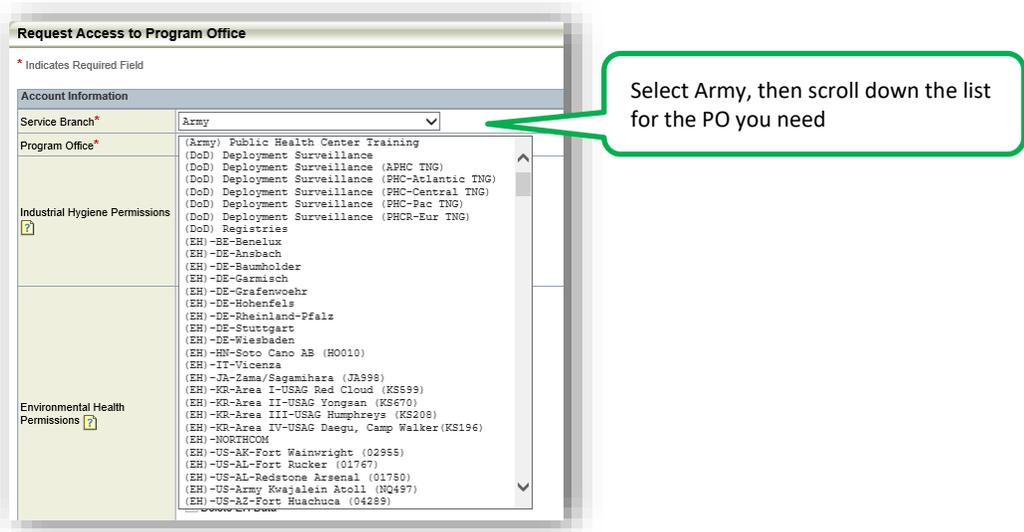
New Applicants:

[1] When a user first goes to the website they will see this. Click the link to Request Account.



[2] For Army users, or users affiliated with Army work, toggle the Service Branch to Army. Then pick one of the Program Office options based on the applicable need (see table below):

Program Office (Prefix)	Use
(MED COE) – (DOEHRS Class & STX)	Used by students in the Principles of Preventive Medicine course at JBSA (i.e. 6AF5)
(Army) Public Health Center Training	Used for internal APHC trainings
(DoD) Deployment Surveillance (...TNG...)	For contingency/deployment trainings, pick the office with name based on the <u>PHC Region that is conducting the training.</u>
(EH)	Environmental Health work done at (or under) that location
(IH)	Industrial Hygiene work done at (or under) that location
(Rad)	Radiation Safety Officer work done at (or under) that location
(Veterinary Services)	Veterinary Services work done at (or under) that location



[3a] Pick only the roles relating to the Program Office selected.

<p>Industrial Hygiene Permissions ?</p>	<p><input type="checkbox"/> Create/edit IH samples and surveys; Manage IH data <input type="checkbox"/> QA IH samples and surveys</p> <p>IH roles for (IH) work/program offices</p> <p><input type="checkbox"/> Import IH Lab Data</p> <p><input type="checkbox"/> Export IH Lab Data</p>
<p>Environmental Health Permissions ?</p>	<p><input type="checkbox"/> Create/edit EH samples; View EH surveys; Import EH lab data <input type="checkbox"/> QA EH samples</p> <p><input type="checkbox"/> Create/edit Water surveys <input type="checkbox"/> QA Water surveys; Create/edit Water Systems</p> <p><input type="checkbox"/> Create/edit Waste surveys <input type="checkbox"/> QA Waste surveys</p> <p><input type="checkbox"/> Create/edit OEHSA surveys <input type="checkbox"/> QA OEHSA surveys</p> <p><input type="checkbox"/> Create/edit Entomology surveys <input type="checkbox"/> QA Entomology surveys</p> <p><input type="checkbox"/> Create/edit Food Sanitation surveys <input type="checkbox"/> QA Food Sanitation surveys</p> <p><input type="checkbox"/> Create/edit General Sanitation surveys</p> <p>EH roles for (EH) work/program offices + (DoD) Deployment Surveillance (...TNG...)</p>
<p>Food Protection Permissions ?</p>	<p><input type="checkbox"/> View Food Protection Information</p> <p><input type="checkbox"/> Create/edit Food Sanitation surveys <input type="checkbox"/> QA Food Sanitation surveys</p> <p><input type="checkbox"/> Create/edit Installation Food Vulnerability Assessment (IFVA) surveys <input type="checkbox"/> QA IFVA Surveys</p> <p><input type="checkbox"/> Create/edit Non-Approved Sources</p> <p><input type="checkbox"/> Create/edit PV Destination Audit reports <input type="checkbox"/> QA PV Destination Audit reports</p> <p>Food Protection (FP) roles for (Veterinary Services) work/program offices</p>

<p>Facilities Permissions ?</p>	<p>Note: You must request at least one of the following permissions in order to request this permission: Environmental Health: Create/edit EH sample</p> <p><input type="checkbox"/> Create/edit Facilities</p>
<p>Incident Reporting Permissions ?</p>	<p><input type="checkbox"/> Create/edit Incident Reports</p> <p><input type="checkbox"/> Delete Incident Reporting Data</p> <p><i>Facilities and Incident Reporting given as needed.</i></p>
<p>Radiation Permissions ?</p>	<p><input type="checkbox"/> Create/edit Radiation samples, surveys and equipment <input type="checkbox"/> QA Radiation samples and surveys</p>
<p>Registry Permissions ?</p>	<p><input type="checkbox"/> Create/edit Registries</p> <p><input type="checkbox"/> Create/edit Requests</p> <p><input type="checkbox"/> Create/edit Exposure Profiles <input type="checkbox"/> QA Exposure Profiles</p> <p>Radiation roles for Radiation Safety Officer (Rad) work/program offices</p>

Applicant will be prompted for a 30 character justification. Use a clear and professional statement to help process the account request.

[3b] Complete Application as indicated. **Note: Complete within 15 minutes or you will be timed out.**

The screenshot shows a web form titled "Personnel Information". It contains several sections with input fields and checkboxes:

- Work Address:** (line 1), (line 2)
- City:**
- State or APO / Zip Code:**
- Country:** United States (NATO member)
- Organization:** (Ex. 1578th IFR)
- Office Symbol/Department:** (Ex. /SGM/SGMR)
- Job Title/Function:**
- Grade/Rank:**
- Installation Name:**
- Commercial Phone:** Ext.
- DSN:** (OCONUS users use 10 digit DSN)
- Commercial Fax Number:**
- Privacy Act Training:**
 - I certify that I have completed Privacy Act training within the past 1 year.
 - Date of training: (yyyy/mm/dd)
 - Privacy Act Training can be completed by taking the "Overview of Privacy Act 1974" and "Privacy Act 101 — Safeguards" courses.
- HIPAA Certification:**
 - I certify that I have completed HIPAA training within the past 1 year.
 - Date of training: (yyyy/mm/dd)
 - HIPAA Certification can be completed by taking the "Security 101: Introduction to HIPAA Security" course at [this site](#).
- Annual Information Awareness Training:**
 - I certify that I have completed Annual Information Awareness training within the past 1 year.
 - Date of training: (yyyy/mm/dd)
 - Annual Information Awareness Training can be completed at [this site](#).
- Security Clearance:**
- Security Manager Full Name:**
- Security Manager Phone:**
- Supervisor Full Name:**
- Supervisor Phone:** Ext.
- User Agreement:**
 - I accept the responsibility for the information and DoD system to which I am granted access and will not exceed my authorized level of system access. I understand that my access may be revoked or terminated for non-compliance with DoD security policies.
 - I accept responsibility to safeguard the information contained in these systems from unauthorized or inadvertent modification, disclosure, destruction, and use. I understand and accept that my use of the system may be monitored as part of managing the system, protecting against unauthorized access and verifying security problems. I agree to notify the appropriate organization that issued my account(s) when access is no longer required.

At the bottom of the form, there are "Submit" and "Cancel" buttons. The "User Agreement" section is circled in blue.

- Populate the rest of the application with personal information.
- **Use "work" email (e.g.mail.mil)**
- Do not use a personal email (i.e. gmail) or a deployed email (i.e. swa.army.mil).
- Double check the email for typos. DOEHRs will use this email to communicate down times, updates, etc.

- Training Dates should be within 1-year and cannot be something you will due in the future (i.e. it cannot be greater than the current date).

[4] Finish

The screenshot shows a web page titled "Request Access to Program Office - Results". It features a central message box with the following text:

Request Submitted
Your account request has been submitted. Once your request has been approved you will receive an email.

Below the message box is a "Continue" button.

- If you do not see this screen, you have missed a required field in DOEHRs application. Scroll to the top of the form to find the error.
- Click Continue if you do see this screen, then CLOSE THE BROWSER. *Accidentally refreshing the screen will duplicate the application.*
- If needed, you may receive an email about your request to clarify access and roles.
- You will see an email confirmation once access is approved.