

INVENTION RIGHTS QUESTIONNAIRE

PRIVACY ACT STATEMENT

AUTHORITY: 28 U.S.C. 1498(a); Executive Orders 10096 and 10930.

PURPOSE(S): To conduct administrative "Determination of Rights" proceedings and appeals before the U.S. Department of Commerce.

ROUTINE USE(S): Information is needed to determine the rights of the invention. Information will be furnished to the Department of Commerce as necessary.

DISCLOSURE: Disclosure is voluntary, however, failure to provide the requested information may delay or prevent a final determination of rights.

INSTRUCTIONS

(Submit Original and Two Copies of this Form)

1. The rights which the Government may have in an invention of a Government employee are determined by the criteria set forth in Executive Order 10096. A Government employee is defined in Executive Order 10096 as including "any officer or employee, civilian or military, of any Government agency, except such part-time consultants or employees as may be excluded by regulations . . ." Under Executive Order 10096, as amended by Executive Order 10930, whenever an invention is made by an employee of the Department of the Air Force, it is necessary to determine the rights in the invention as between the Government and the employee. There are three ways in which rights may be determined: (1) the employee may be entitled to all rights and the Government to none (*and hence the employee need sign no document giving any rights to the Government*); (2) the Government may be entitled to a license permitting it to use and practice the invention and the employee entitled to all other rights (*and hence the employee signs a license to the Government*); (3) the Government may be entitled to all rights and the employee to none (*and hence the employee signs an assignment to the Government*).

2. Before the invention was physically tried out or produced in model or working form or a composition of matter produced, were the essential elements of the invention disclosed in a written description, sketch(es) or drawing(s)? Disclosed means that the invention was described in such a manner that the invention could be produced or practiced without the exercise of any further inventive skill by a person skilled in the field of the invention.

3. If the employee desires voluntarily to assign all rights in the invention to the Government, then this questionnaire need not be completed. If more space is needed to fully answer any question(s), use blank sheets, identify the question(s) and attach. Print or type all answers.

4. Co-inventors must use separate forms.

5. The acceptance of a cash award under the incentive awards program will allow the Government to use your invention royalty-free. An employee will automatically be considered for an invention award if the invention is processed for patenting by the Air Force.

6. In the event the employee wishes to have this invention considered for an award in addition to an invention and patent award under the AF Suggestion Program, AFI38-401, it should also be submitted by the employee to the local suggestion program manager.

SECTION A (To be completed by the employee)

	A. BRIEF TITLE OF THE INVENTION	B. NAME AND DUTY PHONE
	C. JOB TITLE AT TIME INVENTION WAS MADE	D. GRADE AT TIME INVENTION WAS MADE
	E. COMPLETE NAME OF ORGANIZATION (<i>Including, as applicable, unit, section, branch, division, department, laboratory, base, center, area, command</i>)	
1	F. BRIEF SUMMARY OF INVENTION	

MAKING THE INVENTION

NOTE: The making of an invention generally involves its conception or discovery followed by a series of acts which establish the correctness or operativeness of the idea. Depending on the nature of the invention, these acts may involve any one of all of the following: the making of sketches, drawings, written descriptions, the making and testing of a model, the carrying out of a process, or the production of a composition of matter.

2	Before the invention was physically tried out or produced in model or working form or a composition of matter produced, were the essential elements of the invention in its operable and practicable form fully disclosed in a written description, sketches or drawings in such a manner that the invention could be produced or practiced from them without the exercise of any further inventive skill by a person who is skilled in the field to which the invention relates?
	<input type="checkbox"/> YES (<i>If "YES", give the date of such descriptions, sketches or drawings were complete.</i>) DATE: _____ <input type="checkbox"/> NO
3	Was a full scale working model or a prototype of the invention made, or, if the invention is a process, was the process tried out; or, if the invention is a composition of matter, was a composition produced?
	<input type="checkbox"/> YES DATE: _____ <input type="checkbox"/> NO
4	IF A MODEL OR PROTOTYPE WAS MADE AND TESTED, A COMPOSITION PRODUCED OR A PROCESS CARRIED OUT, WAS IT DONE BECAUSE:
	<input type="checkbox"/> A. IT WAS DESIRED TO TEST THE OPERABILITY OR PRACTICABILITY OF THE INVENTION.
	<input type="checkbox"/> B. IT WAS DESIRED TO TEST THE USEFULNESS OF THE INVENTION TO THE GOVERNMENT.
	<input type="checkbox"/> C. OTHER REASON (<i>Explain</i>)

5	APPROXIMATELY HOW MUCH TOTAL TIME IN HOURS WAS SPENT BY YOU PERSONALLY IN MAKING THE INVENTION? (Do not count the time spend completing AF Forms 1279 or 1280.)	OWN TIME (Outside working hours.)	GOVERNMENT TIME (Working hours including paid overtime.)
6	EXPLAIN BRIEFLY THE USE, IF ANY OF THE FOLLOWING ITEMS IN CONNECTION WITH THE MAKING OF THE INVENTION (NOTE: Indicate whether such use occurred PRIOR or SUBSEQUENT to either your disclosing the invention with the definition of question 2, or trying out or producing the invention within the definition of question 3.)		
	A. CONTRIBUTION OF TIME OR SERVICES OF OTHER GOVERNMENT EMPLOYEES DURING NORMAL OR OVERTIME WORKING HOURS (State approximate number of hours and type of assistance.)		
	B. USE OF GOVERNMENT EQUIPMENT (Such as computers, instruments, tools or machinery.)		
	C. USE OF GOVERNMENT FACILITIES (Buildings, such as laboratories, shops or office buildings, but not buildings such as barracks or recreation buildings.)		
	D. USE OF GOVERNMENT FUNDS WHICH WERE ACUTALLY OBLIGATED OR EXPENDED FOR THE PURPOSE OF MAKING THE INVENTION. (Other than salaries and wages, and Government contributions covered under other parts of this question.)		
	E. USE OF GOVERNMENT MATERIALS (Supplies, reagents, parts, or any other materials: if scrap, waste or salvage materials were used, so state; give estimated monetary value of materials consumed.)		
	F. CONTRIBUTION BY THE GOVERNMENT OF INFORMATION (Which was available to you by reason of your official duties and not otherwise available to the public.)		
RELATIONSHIP BETWEEN THE INVENTION AND THE EMPLOYEE'S DUTIES			
7	BRIEFLY, WHAT PROMPTED YOU TO MAKE THE INVENTION OR HOW DID YOU GET THE IDEA FOR THE INVENTION?		
8	BRIEFLY AND IN BROAD TERMS, WHAT IS THE INVENTION SUPPOSED TO ACCOMPLISH?		
9	WHERE YOU EMPLOYED OR ASSIGNED? (Check applicable box for each question.)	YES	NO
	A. TO INVENT OR IMPROVE OR PERFECT ANY ART, PROCESS, MACHINE, MANUFACTURE, DESIGN, OR COMPOSITION OF MATTER?	<input type="checkbox"/>	<input type="checkbox"/>
	B. TO CONDUCT OR PERFORM RESEARCH OR DEVELOPMENT WORK?	<input type="checkbox"/>	<input type="checkbox"/>
	C. TO SUPERVISE, DIRECT, COORDINATE, OR REVIEW GOVERNMENT-FINANCED OR CONDUCTED RESEARCH OR DEVELOPMENT WORK?	<input type="checkbox"/>	<input type="checkbox"/>
	D. TO ACT IN A LIAISON CAPACITY AMONG GOVERNMENT OR NON-GOVERNMENT AGENCIES OR INDIVIDUALS ENGAGED IN SUCH RESEARCH OR DEVELOPMENT WORK?	<input type="checkbox"/>	<input type="checkbox"/>
10	DESCRIBE THE DUTIES, PROJECT, OR AREA OF WORK TO WHICH YOU WERE ASSIGNED AT THE TIME THE INVENTION WAS MADE. (State in sufficient detail to make them understandable.)		
11	DO YOU FEEL THAT THE INVENTION BEARS A DIRECT RELATION TO OR WAS MADE IN CONSEQUENCE OF YOUR OFFICIAL DUTIES AS A GOVERNMENT EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO (Briefly state your reasons.)		
12	DOES THE INVENTION SOLVE A PROBLEM WHICH, IN THE CIRCUMSTANCES OF YOUR DUTIES, YOU COULD REASONABLY HAVE BEEN EXPECTED TO SOLVE? (State in sufficient detail to make them understandable.) <input type="checkbox"/> YES <input type="checkbox"/> NO (Briefly state your reasons.)		

13	STATE ANY FACTS NOT COVERED IN THE ABOVE ANSWERS WHICH WILL HAVE A BEARING ON EITHER THE GOVERNMENT'S OR YOUR RIGHTS IN THE INVENTION.	
14	ATTACH A COPY OF YOUR POSITION OR JOB DESCRIPTION WHICH WAS IN EFFECT AT THE TIME THE INVENTION WAS MADE.	
CERTIFICATION OF EMPLOYEE		
I certify that the foregoing information, statements and answers are true to the best of my knowledge and belief. I hereby request a Determination of Rights in the invention listed in Item 1.		
SIGNATURE OF EMPLOYEE		DATE
SECTION B (To be completed by the supervisor.)		
15	WAS THE INVENTION THE SET GOAL OF A SPECIFIC TASK ASSIGNED TO THE EMPLOYEE? <i>(If "YES", questions 16 and 17 need not be answered.)</i>	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
16	AT THE TIME THE INVENTION WAS MADE, WHAT CONTACT DID YOU HAVE WITH THE EMPLOYEE AND TO WHAT EXTENT DID YOU HAVE ACTUAL PERSONAL KNOWLEDGE OF THE EMPLOYEE'S DUTIES AND THE SUBSTANCE OF THE INVENTION?	
17	AT THE TIME THE INVENTION WAS MADE, WHAT WERE THE OFFICIAL DUTIES OF THE EMPLOYEE? <i>(State in sufficient detail to make the duties understandable. If adequately described in question 10, state so.)</i>	
18	A. AT THE TIME THE INVENTION WAS MADE, WHAT WERE THE SPECIFIC JOB OR PROJECT ASSIGNMENTS OF THE EMPLOYEE WHICH RELATED TO THE INVENTION AND WHAT WERE THEY INTENDED TO ACCOMPLISH?	
	B. AT THE TIME THE INVENTION WAS MADE DID THE INVENTION BEAR A DIRECT RELATION TO OR WAS IT MADE IN CONSEQUENCE OF THE OFFICIAL DUTIES OF THE EMPLOYEE?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
19	DO YOU AGREE WITH AND ARE YOUR ANSWERS CONSISTENT WITH THE REPLIES WHICH THE EMPLOYEE MADE TO EACH OF THE ITEMS 1 THROUGH 14?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CERTIFICATION OF SUPERVISOR		
I certify that the foregoing information, statements and answers are true to the best of my knowledge and belief.		
JOB TITLE AT TIME INVENTION WAS MADE		
PRESENT DUTY, TELEPHONE NUMBER AND ADDRESS		
TYPED OR PRINTED NAME		DATE
SIGNATURE OF SUPERVISOR		
SECTION C		
The following checked item(s) is the official determination of this department with respect to the rights of the invention under Executive Order 10096 as amended by Executive Order 10930.		
<input type="checkbox"/>	ENTIRE RIGHT, TITLE AND INTEREST TO THE GOVERNMENT.	
<input type="checkbox"/>	TITLE TO EMPLOYEE SUBJECT TO NON-EXCLUSIVE, IRREVOCABLE, ROYALTY-FREE LICENSE TO GOVERNMENT. INSUFFICIENT CONTRIBUTION BY THE GOVERNMENT TO OBTAIN TITLE.	
<input type="checkbox"/>	TITLE TO EMPLOYEE SUBJECT TO NON-EXCLUSIVE, IRREVOCABLE, ROYALTY-FREE LICENSE TO GOVERNMENT. INSUFFICIENT INTEREST BY THE GOVERNMENT TO OBTAIN TITLE.	
<input type="checkbox"/>	ENTIRE RIGHT, TITLE AND INTEREST TO THE EMPLOYEE.	
SIGNATURE OF INDIVIDUAL MAKING RIGHTS DETERMINATION		DATE
INVENTION IDENTIFICATION		
DoC CASE NO.	U.S. PATENT APPLICATION	
	SERIAL NO.	
	FILING DATE	
AF INVENTION NO.	U.S. PATENT NO.	