

CLASSIFY ACCORDING TO FACILITY SPONSOR
CLASSIFICATION GUIDANCE

Aircraft/UAV Checklist

[Insert Org Name]

[Date]

[Address]

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CHECK Applicable blocks		
<input type="checkbox"/> Initial Accreditation	<input type="checkbox"/> Re- Accreditation	<input type="checkbox"/> Modified Facility
<input type="checkbox"/> Pre-construction	<input type="checkbox"/> New Facility	<input type="checkbox"/> Page Change

Checklist Contents

Section A: General information

Section B: Physical Security

Section C: Intrusion Detection Systems (IDS)

Section D: Classified Destruction Methods

Section E: TEMPEST/Technical Security

List of Attachments

(Diagrams must be submitted on 8 ½'' x 11'' or 11'' x 17'' format)

Section A: General Information

1.	SCIF Data				
	a. Organization/ Company Name				
	b. Type of Aircraft and Tail Number				
	c. Home Station				
	d. SCIF ID Number				
	e. Contract Number and Expiration Date <i>(if applicable)</i>				
	f. Concept Approval Date				
	g. Cognizant Security Authority (CSA)				
	h. Defense Special Security Communication System Information <i>(if applicable)</i>				
	DSSCS Message Address				
	DSSCS INFO Address				
	If no DSSCS Message Address, please provide passing instructions				
	2.	Complete Mailing Address			
3.	E-Mail Address				
	Classified		(Network/ System Name & Level)		
	Unclassified		(Network/ System Name)		
	Additional		(Network/ System Name)		
4.	Responsible Security Personnel				
		PRIMARY		ALTERNATE	
	Name				
	Commercial Telephone				
	DSN Telephone				
	Secure Telephone				
	STE Telephone				
	Other Telephone				
	Home Telephone <i>(Optional)</i>				
	FAX #	Classified		Unclassified	

Command or Regional Special Security Office/Name (SSO): <i>(if applicable)</i>			
Commercial			
Other Telephone			
		PRIMARY	ALTERNATE
Information System Security Officer Name:			
Commercial			
Secure			
5.	Accreditation Data		
a. Category/Compartments of SCI Requested:			
b. Existing Accreditation Information <i>(if applicable)</i>			
(1) Category/ Compartments of SCI:			
(2) Accreditation granted by:			On:
(3) Co-Use Agreements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, provide sponsor/ compartment:
c. Is there a SAP(s) co-located within the aircraft?			<input type="checkbox"/> Yes <input type="checkbox"/> No
SAP Classification Level <i>(check all that apply)</i>			
<input type="checkbox"/> SCI	<input type="checkbox"/> Top Secret	<input type="checkbox"/> Secret	<input type="checkbox"/> Confidential
d. Has CSA requested any waivers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/ A If yes, attach a copy of the approved waiver
Construction/Modification			
Is construction or modification complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/ A If no, enter the expected date of completion
6.	Inspections		
a. Last physical security inspection performed by			On _____ <i>(Attach a copy of report)</i>
Were deficiencies corrected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/ A If no, explain
REMARKS:			

Section B: Physical Security	
1.	Stationary Aircraft/UAV

	a. Is the aircraft located within a controlled area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/ A
	If no, explain:			
	b. When not performing a SCI mission is all SCI removed from the aircraft and stored in an accredited SCIF?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/ A
	If yes, SCIF ID:	If no, explain how SCI is protected when the aircraft is unoccupied:		
2.	Access Control: How is access to the aircraft controlled?			
	a. By Guard Force	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what is their security clearance level?
	b. Is Guard Force Armed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	c. By Assigned Personnel:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If Yes, do personnel have visual control of the entrance door?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/ A
	d. When processing SCI, are all personnel aboard the aircraft cleared for all the SCI compartments that the aircraft is accredited for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If not, what are the procedures for segregating/ protecting SCI compartments from unauthorized disclosure?			
3.	Hatches and Doors Leading Inside the Aircraft:			
	a. Are doors equipped with GSA approved locks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Manufacturer	Model	Group	
	b. Are tamper serialized seals used when aircraft is unoccupied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If yes, are seals installed and a log book maintained by SCI cleared personnel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	c. Remarks			
4.	Acoustical Isolation			
	a. Is a physical perimeter established around the aircraft at a distance so as to prevent inadvertent disclosure of SCI discussions or briefings from within the aircraft	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	b. In instances where the physical perimeter barrier is not sufficient to control voices or sounds, are sound countermeasure devices or sound generating devices used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	c. Remarks			

5.	Visual Isolation		
	a. Are doors or other openings in the aircraft through which the interior may be viewed screened or curtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	b. Remarks		
6.	Procedures For Protecting SCI When The Aircraft Is Parked In Friendly/Unfriendly Territories		

Section C: Intrusion Detection Systems (IDS)

1.	Is the aircraft equipped or located within a structure or area that has an IDS?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please provide the following:				
	a. IDS Company provider name <i>(if applicable)</i>				
	b. Premise Control Unit (PCU)				
	Manufacturer	Model Number	Tamper Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c. Where is the PCU located?				
	d. Location of interior motion detection protection: Accessible points of entry/ perimeter?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	e. Has the IDS Alarm Monitor Station been installed to Underwriters Laboratories certified standards?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please provide certification number and expiration date of UL certification				
	Certification Number		Expiration Date		
	f. Has the IDS passed CSA or UL 2050 installation and acceptance tests?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please attach a copy of certificate and skip to question 2 below. (Non -commercial proprietary system must answer all questions)				
	g. Motion Sensors (Indicate sensor placement on a legible floor plan; 8.5'' x 11'' or 11'' x 17'' paper)				
	Manufacturer	Model Number	Tamper Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Are motion sensors installed above the false ceiling?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/ A

i. Are motion sensors installed below the false floors?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/ A
j. Are there any other intrusion detection equipment sensors/ detectors in use?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please identify make, model, and manufacturer and function (indicate on floor plan)				
Make	Model	Manufacturer	Function	
k. Does the IDS extend beyond the SCIF perimeter?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can the status of PCU be changed from outside IDS protection?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is an audit conducted daily?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the IDS configuration been approved by the CSA?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
l. Do any intrusion detection equipment components have audio or video capabilities?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:				
Has the CSA mitigated this capability?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
m. IDS Administrator SCI indoctrinated?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
n. External Transmission Line Security: What is the method of line security? Meets NIST; FIPS AES Encryption?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, has the encryption been certified by National Institute of Standards and Technology (NIST) or another independent testing laboratory?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not NIST FIPS AES, is there an alternate?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:				
Does the alternate line utilize any cellular or other Radio Frequency (RF) capability?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide manufacturer and model				
Manufacturer		Model		
o. Does any part of the IDS use a local or Wide Area Network?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/ A
(1) Is the Network Intrusion Detection Software (NIDS) administrator at least Top Secret (collateral) cleared?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/ A
(2) Is the host computer dedicated solely for security purposes?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/ A
(3) Is the host computer secured within an alarmed area controlled at the Secret or higher level?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/ A

(4) Is the host computer protected through firewalls or similar devices?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/ A
Are the firewalls/ devices configured to only allow data transfers between IDS components?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/ A
(5) Is the password for the host computer unique for each user and at least 8 characters long?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/ A
(6) Is the password changed semi-annually?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are remote security terminals protected the same of the host computer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/ A
If no, please explain:				
p. Was the IDS installed by U.S. citizens:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/ A
If no, please explain:				
q. Is emergency power available for the IDS?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/ A
What type? Generator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many hours? _____	
What type? Battery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many hours? _____	
r. If applicable, describe the method of ventilation and duct work protection:				
s. Where is the IDS Alarm Monitor Station located?				
t. Does the Monitor Station have any remote capabilities (i.e., resetting alarms, issuing PINs, accessing/ securing alarms, etc.)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/ A
If yes, please explain:				
u. Does the IDS have any automatic features (i.e., timed auto-secure, auto-access capabilities)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/ A
v. Does the PCU/ keypad have dial out capabilities?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
w. IDS Response Personnel				
(1) Who provides initial alarm response?				
(2) Does the response force have a security clearance?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is the clearance level:				
(3) Do you have a written agreement for external response force?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Emergency procedures documented?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Reserve security force available?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

(6) Response to an alarm condition	_____minutes	
x. Are response procedures tested and records maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain:		
y. If required, has a Catastrophic Failure Plan been approved by the CSA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
z. Does the IDS undergo semiannual testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
aa. Have IDS records been maintained:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
bb. Remarks		

Section D: Classified Destruction Methods

1.	For home station, describe the method and equipment used for destruction of classified/ sensitive material (if more than one method or device, use Remarks section to describe (if more than one, use Remarks section to list all manufacturer and model)		
	Method	Device Manufacturer	Model
2.	Is a secondary method of destruction available	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Describe the location of destruction site(s) in relation to the aircraft?		
4.	Describe the method or procedure used for handling non -soluble classified/ sensitive material at your facility?		
5.	Do you have a written Emergency Action Plan (EAP) approved by CSA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Describe procedures for in-flight emergency destruction:		
7.	Remarks		

Section E: TEMPEST/Technical Security

1.	Does the aircraft electronically process classified information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, what is the highest level of information processed?		
2.	Has it received TEMPEST accreditation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/ A
	Date	Accreditation granted by:	