

SCIF Fixed Facility Checklist V1.5

FFC Date:

CLASSIFY ACCORDING TO CLASSIFICATION AUTHORITY

CHECK Applicable blocks		
<input type="checkbox"/> Domestic	<input type="checkbox"/> Overseas Not COM	<input type="checkbox"/> Overseas COM
<input type="checkbox"/> Pre-construction, Complete Sections as Required by A/O	<input type="checkbox"/> Final FFC Accreditation	<input type="checkbox"/> Update/Page Change

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List of Attachments

Section A: General Information

1. SCIF Data

Accrediting Agency	
Organization/Company Name	
SCIF Identification Number <i>(if applicable)</i>	
Organization subordinate to <i>(if applicable)</i>	
Contract Number & Expiration Date <i>(if applicable)</i>	
Concept approval Date/by <i>(if applicable)</i>	
Accrediting Office/ Accrediting Individual's Name	/
Defense Special Security Communication System (DSSCS) Information <i>(if applicable)</i>	
DSSCS Message Address	
DSSCS INFO Address	
If no DSSCS Message Address, please provide passing instructions	

2. SCIF Location

Street Address			
Lat/Long <i>(If No Street)</i>		/	
Building Name			
Floor(s)	Suite(s)	Room(s) #	
City		Base/Post	
State/Country /			Zip Code

3. Mailing Address *(if different from SCIF location)*

Street or Post Office Box		
City	State	Zip Code

4. Responsible Security Personnel

	PRIMARY	ALTERNATE
Name		
Commercial Phone		
DSN Phone		
Secure Phone Type		
Cell		
Secure Fax		
Class Email		
Unclass Email		
Other Email		
Command or Regional Special Security Office/Name (SSO) <i>(if applicable)</i>		
Name		
Commercial Phone		
Other Phone		

5. Accreditation Data (Ref ICS 705-01, Para F.2 & ICS 705-02, Para D.1.a)			
a. Indicate storage requirement:	<input type="checkbox"/> Open	<input type="checkbox"/> Closed	<input type="checkbox"/> Continuous Operation <input type="checkbox"/> None
b. Indicate the facility type:	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Secure Working Area <input type="checkbox"/> TSWA
c. Compartments of SCI Requested:			
d. Co-Use Agreements			<input type="checkbox"/> Yes <input type="checkbox"/> No
e. SAP(s) co-located within SCIF			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, identify SAP Classification level (check all that apply)			
<input type="checkbox"/> SCI	<input type="checkbox"/> Top Secret	<input type="checkbox"/> Secret	<input type="checkbox"/> Confidential
f. SCIF Duty Hours	Hours to Hours:	Days Per Week:	
g. Total square footage that the SCIF occupies:			
h. Does the facility have any approved waivers?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Provide attachment if required by AO</i>			
6. Construction/Modification (Ref: Chapter 3B)			
a. 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:			
b. Was all construction completed in accordance with the CSP?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If NO, explain:			
7. Inspections (Ref: Chapter 12 G) (Provide attachment if required by AO)			
a. Has a TSCM Inspection been performed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the following:			
1) TSCM Service completed by:	On		
2) Were deficiencies corrected?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3) If NO, explain:			
b. Last AO compliance periodic inspection/review:			On
AO Office Name	AO Individual's Name		
c. Last self Inspection completed by:			On
Were deficiencies corrected?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If NO, explain:			

8. REMARKS:

Section B: Security-in-Depth

1. Answer the questions in this section to describe your Security In Depth (Ref: Chapter 2B)

a. Is the SCIF located on a military installation, embassy compound, USG compound or contractor compound with a dedicated U.S. person response force?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the SCIF occupy an entire building	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the SCIF occupy a single floor of the building	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the SCIF occupy a secluded area of the building	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is the SCIF located on a fenced compound with access controlled vehicle gate and/or pedestrian gate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Fence Type		
1) Height:		
2) Does it surround the compound?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) How is it controlled?		
4) How many gates (vehicle & pedestrian)?		
5) Hours of usage?		
6) How are they controlled when not in use?		
7) Is the Fence Alarmed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, describe alarm systems (i.e. - Microwave)		
g. Exterior Lighting Type:		
1) Fence Lighting		
2) Building Lighting		
h. Is there external CCTV coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, describe the CCTV system. <i>(include monitor/coverage locations on map)</i>		
i. Exterior Guards		
1) What kind of patrols are they?	<input type="checkbox"/> Static	<input type="checkbox"/> Roving
2) Clearance level of guards <i>(if applicable)</i>	<input type="checkbox"/> SCI	<input type="checkbox"/> Top Secret
	<input type="checkbox"/> Secret	<input type="checkbox"/> None
3) During what hours/ days?		
4) Any SCIF duties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe duties:		

2. Describe Building Security <i>(Please provide legible general floor plan of the SCIF perimeter)</i>			
a. Is the SCIF located in a controlled building with separate access controls, alarms, elevator controls, stairwell control, etc. required to gain access to building or elevator?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is SCIF controlled by bldg owners?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If controlled by SCIF owners, is alarm activation reported to SCIF owners by agreement?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Construction Type			
c. Windows			
d. Doors			
e. Describe Building Access Control: Continuous?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, during what hours?			
f. Clearance level of guards <i>(if applicable)</i>	<input type="checkbox"/> SCI	<input type="checkbox"/> Top Secret	<input type="checkbox"/> Secret
1) Any SCIF duties?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe duties?			
During what hours/days?			
3. Describe Building Interior Security			
a. Are office areas adjacent to the SCIF controlled and alarmed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe adjacent areas and types of alarm systems.			
b. Controlled by SCIF Owner?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If controlled by Bldg owner, alarm activation reported to SCIF owner by agreement?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Remarks (Describe any additional security measures not addressed in this section)			
What external security attributes and/or features should the AO consider before determining whether or not this facility has Security In-Depth? Please identify/explain all factors:			

Section C: SCIF Security

1. How is access to the SCIF controlled (Ref: Chapter 8)

a. By Guard Force		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is their minimum security clearance level?		<input type="checkbox"/> SCI	<input type="checkbox"/> Top Secret <input type="checkbox"/> Secret
b. Is Guard Force Armed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
c. By assigned personnel?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do personnel have visual control of SCIF entrance door?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. By access control device?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what kind?		<input type="checkbox"/> Automated access control system <input type="checkbox"/> Non-Automated	
If Non-Automated			
1. Is there a by-pass key?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, how is the by-pass key protected?			
2. Manufacturer:		Model:	
<i>(Explain in Remarks if more space is required)</i>			
If Automated			
1. Is there a by-pass key?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, how is the by-pass key protected?			
2. Manufacturer:		Model:	
<i>(Explain in Remarks if more space is required)</i>			
3. Are access control transmission lines protected by 128-bit encryption/FIPS 140?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, explain the physical protection provided			
4. Is automated access control system located within a SCIF or an alarmed area controlled at the SECRET level?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Is the access control system encoded and is ID data and PINs restricted to SCI-indoctrinated personnel?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does external access control outside SCIF have tamper protection?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Is the access control device integrated with IDS		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
8. Is the access control device integrated with a LAN/WAN System?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
2. Does the SCIF have windows? (Ref: Chapter 3F)		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
a. Are they acoustically protected?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
If Yes, how: If No, explain:			
b. Are they secured against forced entry?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
If Yes, how: If No, explain:			
c. Do they have RF protection?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
If Yes, describe:			

2. SCIF windows (continued) (Ref: Chapter 3F)					
d. Are they protected against visual surveillance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
If Yes, how: If No, explain:					
3. Do ventilation ducts penetrate the SCIF perimeter? (Ref: Chapter 3G)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(Indicate all duct penetrations and their size on a separate floor plan as an attachment)</i>					
a. Any ducts over 96 square inches that penetrate perimeter walls?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how are they protected?		<input type="checkbox"/> Bars/Grills/Metal /Baffles	<input type="checkbox"/> Other as Approved by AO		
If Other, Describe Protection:					
b. Inspection ports?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ If yes, are they within the SCIF?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ If no, are they secured with AO approved High Security Lock?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, explain:					
c. Do all ventilation ducts penetrating the perimeter meet acoustical requirements?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(NOTE: All ducts and vents, regardless of size may require acoustical protection)</i>					
■ If yes, how are they protected?		<input type="checkbox"/> Z-Duct	<input type="checkbox"/> Metal Baffles	<input type="checkbox"/> Noise Generator	<input type="checkbox"/> Other
If Other, Describe Protection:					
4. Construction (Ref: Chapter 3)					
a. Is the entire wall assembly finished from true floor to true ceiling?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Describe Perimeter Wall Construction:					
c. True ceiling					
Describe material and thickness:					
d. False ceiling?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
1) If yes, what is the type of ceiling material?					
2) What is the distance between false and true ceiling?					
e. True floor					
Describe material and thickness:					
f. Raised floor?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
1) If yes, what is the type of false flooring?					
2) What is the distance between raised and true floor?					

4. REMARKS:

Section D: SCIF Doors

The following door type definitions are referenced in this section: (Reference 3E)

- a. **Primary door:** A SCIF perimeter door recognized as the main entrance.
- b. **Secondary door:** A SCIF perimeter door employed as both an entry and egress door that is not the Primary door.
- c. **Emergency egress-only door:** A SCIF perimeter door employed as an emergency egress door with no entry capability.

1. Is the Primary door equipped with the following

a. A GSA-approved pedestrian door deadbolt meeting the most current version of Federal Specification FF-L-2890. NOTE: <i>Previously AO approved FF-L-2740 integrated locking hardware may be used. Additional standalone and flush-mounted dead bolts are prohibited.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, explain:		
b. A combination lock meeting the most current version of Federal Specification FF-L-2740? NOTE: <i>Previously AO approved combination lock or deadbolt lock type may be used.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, explain:		
c. Is an approved access control device installed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, explain:		
d. Is there a by-pass keyway for use in the event of an access control system failure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, explain:		

2. Secondary Door Criteria

Secondary doors may be established with AO approval and as required by building code, safety and accessibility requirements.		
a. Does the SCIF have any approved Secondary doors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, are all approved Secondary doors equipped with the following:		
1) A GSA-approved pedestrian door egress device with deadbolt meeting the most current version of Federal Specification FF-L-2890 for secondary door use	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, explain:		
2) Approved access control hardware which must be deactivated when the SCIF is not occupied, or as determined by the AO.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, explain:		
b. Does the SCIF have any Emergency Egress-only doors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, do all approved Emergency Egress-only doors meet the following:		
1) Are they installed as required by building code, safety and accessibility requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, explain:		

Section D: SCIF Doors

2) Are they equipped with GSA-approved pedestrian door emergency egress device with deadbolt configuration meeting the most current version of Federal Specification FFL-2890 for exit only door use or an AO approved alternate device with similar functionality ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, explain:		
3) Are they alarmed 24/7 and have a local audible annunciator that must be activated if the door is opened?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, explain:		

3. Criteria for ALL SCIF Doors (Ref: Chapter 3E)

a. Do all SCIF perimeter doors comply with applicable building code, safety, and accessibility requirements as determined by the authority having jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, explain:		
b. Does the SCIF SOP includes procedures to ensure all doors are secured at end of day3	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, explain:		
c. Are all SCIF perimeter pedestrian doors equipped with an automatic, non-hold door-closer which shall be installed internal to the SCIF?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, explain:		
d. Are door hinge pins that are accessible from outside of the SCIF modified to prevent removal of the door, e.g., welded, set screws, dog bolts, etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, explain:		
e. Do SCIF perimeter doors and frame assemblies meet acoustic requirements unless declared a non-discussion area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, explain:		
f. Are all SCIF perimeter doors alarmed in accordance with Chapter 7 of the Technical Specifications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, explain:		
g. Do all SCIF Perimeter doors meet TEMPEST requirements per CTTA guidance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, explain:		

4. Describe SCIF door fabrication and unique criteria

a. Wooden SCIF doors are at least 1 ¾ inch-thick solid wood core (i.e. wood stave, structural composite lumber).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Section D: Doors

b. Steel doors have the following specifications: 1) 1 ¾ inch-thick face steel equal to minimum 18-gauge steel. 2) Hinges reinforced to 7-gauge steel and preferably a lift hinge. 3) Door closure installation reinforced to 12-gauge steel. 4) Lock area pre-drilled and/or reinforced to 10-gauge steel.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Vault door are GSA-approved Class 5 and not used to control day access.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. Roll-up Doors are a minimum 18-gauge steel, secured inside the SCIF using dead-bolts on both sides of the door and alarmed in accordance with Chapter 7	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. SCIF perimeter Double Doors have the following specifications: 1) The fixed leaf shall be secured at the top and bottom with deadbolts. 2) An astragal shall be attached to one door. 3) Each leaf of the door shall have an independent security alarm contact.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Adjacent SCIF adjoining doors specifications 1) Be dead bolted on both sides 2) Be alarmed on both sides according to chapter 7. 3) Meet acoustic requirements as required. 4) Be covered by AO standard operating procedures. 5) Other door types shall be addressed on an individual basis as approved by the AO.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

5. REMARKS:

Section E: Intrusion Detection Systems

1. General IDS Description (Ref: Chapter 7A)

a. Has the IDS configuration been approved by the AO?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. IDS installed by: _____		
c. Premise Control Unit (PCU)		
Manufacturer		Model Number
Tamper Protection		<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Is the PCU located inside the SCIF perimeter (indicated on floor plan)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain		
e. Accessible points of entry/perimeter?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Any others? Explain;		
f. Has the IDS passed AO or UL 2050 installation and acceptance tests?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, attach a copy of certificate (Non-commercial proprietary system must answer all questions)</i>		
g. High Security Switches Type I		<input type="checkbox"/> Yes <input type="checkbox"/> No
h. High Security Switches Type II		<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Motion sensor		
j. Are any other intrusion detection equipment sensors/detectors in use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please identify make, model and manufacturer and function and the location of interior motion detection protection(indicate on floor plan)</i>		
Make	Model	Manufacturer
		Function
k. Does the IDS extend beyond the SCIF perimeter?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain.		
l. 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
m. Do any intrusion detection equipment components have audio or video capabilities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain.		
n. PCU administrator SCI indoctrinated?		<input type="checkbox"/> Yes <input type="checkbox"/> No
o. Is external Transmission Line Security used?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain.		
p. What is the method of line security? National Institute of Standards and Technology (NIST) FIPS AES encryption?		<input type="checkbox"/> Yes <input type="checkbox"/> No

1) If yes, has the encryption been certified by NIST or another independent testing laboratory?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) If not NIST standard, is there an alternate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain.			
3) Does the alternate line utilize any cellular or other Radio Frequency (RF) capability?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Manufacturer		Model Number	
q. Does any part of the IDS use local or wide area network (LAN/WAN)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
1) Is the host computer dedicated solely for security purposes?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
2) Is the host computer secured within an alarmed area at the physically or higher level protected spaces or higher level?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
3) Is the host computer protected through firewalls or similar devices?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
4) Is the password for the host computer unique for each user and at least 8-characters long consisting of alpha, numeric, and special characters?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
5) Is the password changed semi-annually?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
6) Are remote security terminals protected the same as the host computer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
If no, explain:			
2. Is emergency power available for the IDS?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Generator?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many hours?	
Battery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many hours?	
3. Who monitors is the IDS alarm monitor station and where is it located?			
a. Has the IDS alarm monitor station been installed to Underwriters Laboratories certified standards?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Contractor facility submit copy of Certificate</i>			
4. 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, explain:			
5. 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
6. Does the PCU/keypad have dial out capabilities?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
7. IDS response personnel		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
a. Who provides initial alarm response?			
b. Does the response force have a security clearance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ If yes, what is the clearance level?		<input type="checkbox"/> SCI	<input type="checkbox"/> Top Secret <input type="checkbox"/> Secret
c. Do you have a written agreement with external response force?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Emergency procedures documented?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Response to alarm condition:	Minutes		
f. Are response procedures tested and records maintained?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, explain:			

g. Has a catastrophic failure plan been approved by the AO?

Yes

No

■ If no, explain:

10. REMARKS:

Section F: Telecommunication Systems and Equipment Baseline

1. Does the facility have any unclassified telephones that are connected to the commercial public switch telephone network (PSTN)? Yes No

Identify the method of on-hook protection by completing items below

NOTE: TSG 6 approved phones can be found at the following link:

<https://www.dni.gov/files/NCSC/documents/products/TSG-Approved-Equipment-List-May-2017.pdf>

a. CNSSI 5006 (TSG-6) approved telephone or instrument Yes No N/A

(Please identify all telephone equipment/stations and/or instruments being used either below or as an attachment)

Manufacturer	Model Number	TSG Number (if applicable)

b. CNSSI 5006 (TSG-6) approved disconnect device? Yes No N/A

1) Line disconnect? Yes No N/A

2) Ringer protection? Yes No N/A

Manufacturer	Model Number	TSG Number (if applicable)

c. CNSSI 5002 (TSG-2) configured computerized telephone system (CTS)? Yes No N/A

1) If yes, please provide the following information about the CTS

Manufacturer	Model

2) If yes, please provide the location of the CTS

3) Does the Physically Protected Space (PPS) meet equivalent security and access control standards as the supported SCIF? Yes No

■ If no, explain?

4) How are all cables, signal lines and intermediate wiring frames between the SCIF telephones and the CTS physically protected within a physically controlled space?

5) Are all program media, such as tapes and/ or disks, from the CTS afforded physical protection from unauthorized alterations? Yes No

6) Is an up-to-date master copy of the CTS software program maintained for confirmation and/ or reloading of the operating system? Yes No

7) Does the CTS have the capability to force or hold a telephone station off-hook? Yes No

8) Does the CTS use remote maintenance and diagnostic procedures or other remote access features?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> ■ If yes, explain maintenance procedures 					
9) Do the CTS installers and programmers have security clearances?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> ■ If yes, at what access level (minimum established by AO) 		<input type="checkbox"/> Secret	<input type="checkbox"/> Top Secret	<input type="checkbox"/> SCI	
<ul style="list-style-type: none"> ■ If no, are escorts provided? 			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Is it a Voice over Internet Protocol (VOIP) phone system (IPS) (Ref CNSSI 5000)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
1) If yes, please provide the following information about the IPS					
Manufacturer		Model Number		IPS Location	
2) Do all unclassified telephones within the facility have a hold, mute and/ or push-to-talk [handset] capability, (for off-hook audio protection)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> ■ If no, explain? 					
3) Is access to the facility housing the IPS physically controlled?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> ■ If yes, what is the clearance level (if any) of facility or area where the switch is located and how is the area controlled? 		<input type="checkbox"/> Secret	<input type="checkbox"/> Top Secret	<input type="checkbox"/> SCI	
<ul style="list-style-type: none"> ■ If no facility clearance level how is the facility or area where the IPS is physically located controlled 					
4) Are all cables, signal lines and intermediate wiring frames between the SCIF telephones and the IPS physically protected or contained within a physically controlled space?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> ■ If no, explain? 					
5) Are all program media, such as tapes and/ or disks, from the IPS afforded physical protection from unauthorized alterations?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6) Is an up-to-date master copy of the IPS software program maintained for confirmation and/ or reloading of the operating system?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7) Does the IPS have the capability to force or hold a telephone station off-hook?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

8) Does the IPS use remote maintenance and diagnostic procedures or other remote access features?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9) Do the IPS installers and programmers have security clearances?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
■ If yes, at what access level (minimum established by AO)?		<input type="checkbox"/> Secret	<input type="checkbox"/> Top Secret	<input type="checkbox"/> SCI		
■ If no, are escorts provided?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Automatic telephone call answering						
a. Are there any automatic call answering devices for the telephones in the SCIF?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1) If yes, please identify the type						
■ Voicemail/ unified message service?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
■ Standalone telephone answering device (TAD)?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2) Provide manufacturer and model number of the equipment						
Manufacturer			Model			
b. Are speakerphones/ microphones enabled?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
■ If yes, has the remote room monitoring capability been disabled?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
■ Has this been approved for use by the AO?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Provide detailed configuration procedures						
■ If applicable, is the voice mail or unified messaging services configured to prevent unauthorized access from remote diagnostic ports or internal dial				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Are any multi-function office machines (M-FOMs) used within the SCIF (M-FOMs are electronic equipment that can be used at network or standalone printers, facsimiles, and copiers)?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. If yes, please identify the device to include (Please identify all M-FOM devices in use, either below or as an attachment) – Include a manufacture Volatile statement for each M-FOM.						
Make		Model		Serial Number		
b. If yes, please identify all features and information processing level of each M-FOM						
1) Copier ?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
■ If yes, level(s) of information		<input type="checkbox"/> SCI	<input type="checkbox"/> Top Secret	<input type="checkbox"/> Secret	<input type="checkbox"/> Unclassified	
2) Facsimile?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
■ If yes, level(s) of information		<input type="checkbox"/> SCI	<input type="checkbox"/> Top Secret	<input type="checkbox"/> Secret	<input type="checkbox"/> Unclassified	
3) Printer? (connected to a standalone computer or network)				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
■ If yes, please explain and identify the system(s) and the level(s) of information						
System:		<input type="checkbox"/> SCI	<input type="checkbox"/> Top Secret	<input type="checkbox"/> Secret	<input type="checkbox"/> Unclassified	
System:		<input type="checkbox"/> SCI	<input type="checkbox"/> Top Secret	<input type="checkbox"/> Secret	<input type="checkbox"/> Unclassified	
System:		<input type="checkbox"/> SCI	<input type="checkbox"/> Top Secret	<input type="checkbox"/> Secret	<input type="checkbox"/> Unclassified	

c. Does the M-FOM have memory storage capability?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/ A	
If yes, what kind?	<input type="checkbox"/> Volatile (information in memory clears/ erases when powered off)	<input type="checkbox"/> Non-volatile (information in memory that remains when powered off)			
d. Does the M-FOM have a digital hard drive?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/ A	
e. Have maintenance and disposition procedures been established?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/ A	
f. Does the M-FOM have voice transmission capability and/ or a telephone handset?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/ A	
<input type="checkbox"/> If yes, describe how is this feature protected?					
4. Are there any video teleconference (VTC) systems installed?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> If yes, what level(s) of information is the VTC system processing?		<input type="checkbox"/> SCI	<input type="checkbox"/> Top Secret	<input type="checkbox"/> Secret	<input type="checkbox"/> Unclassified
Which room(s) contain VTC systems?					
5. Are there any commercial television receivers installed?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If yes, provide a separate annotated floor plan of the commercial television system</i>					
6. Does the SCIF have any automated environmental infrastructure systems?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, describe what countermeasures have been taken to provide against malicious activity, intrusion, and exploitation. (Example: premise management systems, environmental control systems, lighting and power control units, uninterrupted power sources)					
7. REMARKS:					

Section H: Classified Destruction Methods

1. Destruction methods? (Ref: Chapter 12M)

a. Describe the method and equipment used for destruction of classified/ sensitive material (if more than one method or device, use Remarks to describe). List all manufacturer and models

Method	Device Manufacturer	Model

b. Is a secondary method of destruction available? Yes No

c. Describe the location of destruction site(s) in relation to the secure facility

d. Describe method or procedure used for handling non-soluble classified/ sensitive material at this facility

e. Do you have a written Emergency Action Plan (EAP) approved by AO (if required)? Yes No N/ A

2. REMARKS:

Section I: INFOSEC/TEMPEST/Technical Security

1. Does the facility electronically process classified information? (Ref: Chapter 13) Yes No

■ If yes, complete TEMPEST CHECKLIST FOR SCIF Form