

PROTECTED CRITICAL INFRASTRUCTURE INFORMATION

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FEMA Form 089-23

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EXPRESS AND CERTIFICATION STATEMENT

Instructions: For all submissions requesting PCII protection, the Express and Certification Statement included in the template should be completed and signed by an authorized State Administrative Agency (SAA) official, which may be the SAA Buffer Zone Protection Program (BZPP) point of contact (POC). Please note that electronic signatures are allowed.

EXPRESS STATEMENT

This information is voluntarily submitted to the Federal Government in expectation of protection from disclosure as provided by the provisions of the Critical Infrastructure Information Act of 2002.

CERTIFICATION STATEMENT

To the best of my knowledge, information, and belief, the information being submitted is not customarily in the public domain.

I attest that I am not submitting this information in lieu of a regulatory requirement.

I am authorized to submit this information to be considered for protection under the Critical Infrastructure Information Act of 2002.

Signature: _____ Date: _____

Please provide the following information:

Submitter

Name:

Title:

Organization or Company Name (if applicable):

Mailing Address: _____ City: _____ State: _____

Office Telephone: _____ Alternate Telephone: _____

E-Mail Address: _____

Alternate Contact Information

Name:

Title:

Organization or Company Name (if different from submitter):

Mailing Address: _____ City: _____ State: _____

Office Telephone: _____ Alternate Telephone: _____

E-Mail Address: _____

Please be aware that knowing or willful false representations provided in this submission may constitute a violation of 18 U.S.C. 1001 and are punishable by fine and imprisonment.

Buffer Zone Plan

(Facility Name)

,
(Location: City/County, State)

,
(Date Completed by Responsible Jurisdiction: Month DD, YYYY)

Insert “.jpg” site photo

This Plan was developed based on a cooperative effort among (Critical Infrastructure/Key Resource Name), (Responsible Jurisdiction Name), and the U.S. Department of Homeland Security.

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LIST OF ACRONYMS AND ABBREVIATIONS

| | |
|--------|---|
| BZP | Buffer Zone Plan |
| BZPP | Buffer Zone Protection Program |
| CBRN | Chemical, Biological, Radiological, Nuclear |
| CBRNE | Chemical, Biological, Radiological, Nuclear, Explosive |
| CCTV | Closed-Circuit Television |
| CFR | Code of Federal Regulations |
| CI/KR | Critical Infrastructure/Key Resources |
| CPU | Central Processing Unit |
| DHS | (U.S.) Department of Homeland Security |
| EOP | Emergency Operations Plan |
| FBI | Federal Bureau of Investigation |
| FEMA | Federal Emergency Management Agency |
| FY | Fiscal Year |
| GIS | Geographic Information System |
| HAZMAT | Hazardous Materials |
| HSAS | Homeland Security Advisory System |
| HSGP | Homeland Security Grant Program |
| IAFIS | Integrated Automated Fingerprint Identification System |
| IDS | Intrusion Detection System |
| IED | Improvised Explosive Device |
| IT | Information Technology |
| JTTF | Joint Terrorism Task Force |
| LLE | Local Law Enforcement |
| LVIED | Large-Vehicle Improvised Explosive Device |
| MARSEC | Maritime Security |
| MOA | Memorandum of Agreement |
| MOU | Memorandum of Understanding |
| N/A | Not Applicable |
| NADB | National Asset Database |
| NCIC | National Crime Information Center |
| NIC | NIMS (National Incident Management System) Integration Center |
| NIMS | National Incident Management System |
| NRP | National Response Plan |
| PCII | Protected Critical Infrastructure Information |
| POC | Point of Contact |
| PPE | Personal Protective Equipment |
| PSA | Protective Security Advisor |
| PSCD | Protective Security Coordination Division |
| SAA | State Administrative Agency |
| SCADA | Supervisory Control and Data Acquisition |
| SOP | Standard Operating Procedure |
| SSP | Sector-Specific Plan |
| SWAT | Special Weapons and Tactics |
| TIC | Toxic Industrial Chemical |
| TSGP | Transit Security Grant Program |
| U.S.C. | United States Code |
| VBIED | Vehicle-Borne Improvised Explosive Device |
| VIP | Very Important Person |
| VRPP | Vulnerability Reduction Purchasing Plan |

1.0 INTRODUCTION

The Protective Security Coordination Division (PSCD) of the U.S. Department of Homeland Security (DHS) is responsible for leading the Department's efforts to reduce the Nation's vulnerability to terrorism and deny the use of U.S. critical infrastructure and key resources (CI/KR) as a weapon. In support of this objective, PSCD is developing, coordinating, integrating, and implementing plans and programs that identify, catalog, prioritize, and protect CI/KR in cooperation with all levels of government and partners in the private sector.

In coordination with the DHS Federal Emergency Management Agency (FEMA), PSCD has developed a Buffer Zone Protection Program (BZPP) to provide targeted grants that enhance the protection of CI/KR across the country. The purpose of the Program is to make it more difficult for terrorists to conduct planning activities or successfully launch attacks from the immediate vicinity of CI/KR targets. The program is based on the premise that State and local law enforcement (LLE) agencies and first responders are first preventers on the front lines in preparing, preventing, defending against, and mitigating the impacts of terrorist attacks against our Nation. To this end, the BZPP was conceived to increase the general awareness, protective capacity and preparedness of State law enforcement, LLE, and other first responders as first preventers in communities surrounding CI/KR facilities by: 1) establishing buffer zones around individual assets, 2) developing Vulnerability Reduction Purchasing Plans (VRPPs) to identify planning activities and equipment shortfalls needed to mitigate vulnerabilities and/or capability gaps identified in the individual Buffer Zone Plans (BZPs) and protect these assets effectively, 3) providing the financial resources necessary to execute approved VRPP procurements, and 4) verifying and validating that expenditures will adequately mitigate vulnerabilities and/or capability gaps identified in the individual BZPs.

The purpose of a BZP is to assist State law enforcement, LLE, and other first responders in the analysis of threats and vulnerabilities to a CI/KR site and its significant assets in order to develop effective site-specific preventive and protective measures that make it more difficult for terrorists to target and attack CI/KR sites successfully. Specifically, a BZP will assist in:

- Identifying significant assets at a particular site that may be targeted by terrorists for attack;
- Identifying specific threats and vulnerabilities associated with the site and its significant assets;
- Developing an appropriate buffer zone extending outward from the facility in which protective measures can be employed to make it more difficult for terrorists to conduct site surveillance, engage in other preliminary activities, or initiate attacks;
- Identifying all responsible law enforcement jurisdictions—to include Federal, State, and local agencies—with a role in the prevention of, protection against, and response to terrorist threats or attacks specific to the CI/KR site and identifying the appropriate points of contact within these organizations;
- Evaluating the capabilities of the responsible law enforcement jurisdictions with respect to terrorism prevention and response; and
- Identifying specific planning, equipment, training, and/or exercise capabilities needed by the responsible jurisdictions to mitigate the threats and vulnerabilities of the site and its buffer zone.

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A BZP is designed to complement, and not supersede, existing site plans developed for response to terrorist threats or attacks. It is intended to foster a cooperative environment in which Federal, State, and local authorities, along with private industry, can carry out their respective prevention and protection responsibilities for our Nation's CI/KR more efficiently and effectively. Additionally, in developing and implementing BZPs, security and preparedness officials at all levels should seek opportunities to coordinate and leverage funding from multiple sources, including Federal, State, and local resources.

A BZP is required as documentation to justify resource requests and expenditures from responsible jurisdictions for grants under the Fiscal Year (FY) 2009 BZPP.

2.0 SITE IDENTIFICATION

*** NOTE: Some information may be provided by DHS in the initial background package. If so, it must be verified prior to submission of this document to ensure it is current and accurate.**

2.1 Site-Specific Information

| SPECIFICS | COMPLETE THE FOLLOWING: |
|-----------------------------|-------------------------|
| Site Name | |
| Site Address | |
| Site Owner/Operator Name | |
| Site Owner/Operator Address | |
| Site POC Name | |
| Site POC Phone Number | |

2.2 Site General Characteristics

| Critical Infrastructure Sector | |
|---|--|
| Critical Infrastructure Segment | |
| Critical Infrastructure Attribute | |
| Description of Site | |
| Area: Acreage or Square Footage | <ul style="list-style-type: none"> • Acres, Total: • Acres, Developed: • Acres, Undeveloped: Describe: • Acres, Wooded: Describe: • Square Footage: |
| Number of Structures | <ul style="list-style-type: none"> • Buildings: Describe: • Other: |
| Elevation: Number of Floors Above Ground | <ul style="list-style-type: none"> • Highest structure on site by number of floors above ground level: Describe: |
| Elevation: Number of Floors Below Ground | <ul style="list-style-type: none"> • Deepest structure on site by number of floors below ground level: Describe: |
| Number of Employees | |
| Total Number | (total) |
| Permanent | (employees) |
| Contractor | (on site) |
| Temporary | (temp agency-sourced) |
| Seasonal | (type and number) |

| | |
|--|--|
| <p>Hours of Operation</p> <p>If more than one shift, include the number and timing of shifts, and the number of employees on each shift.</p> | <p>Hours: Number of Shifts: Timing of Shifts: Number of Employees on Each Shift:</p> |
| <p>Number of Visitors as applicable:</p> <p>1. Per Day 2. Per Year 3. Per Event</p> | <p>* (e.g.: Including vendors and delivery people, there are approximately 30-40 visitors per day. All visitors are logged in upon arrival and logged out before exiting.)</p> <p>1. 2. 3.</p> |

2.3 Overview

Provide Geographic Information System (GIS) maps, street maps, satellite imagery, aerial photographs, and/or other maps, detailed schematic drawings, or other pictorial representations of the site/facility as appropriate.

2.3.1 General Location Map

Use a GIS map format to identify the general location of the BZP site at the city or county level.

Insert “.jpg” Image Here

Action: Insert map that shows the general location of the BZP site at the city or county level.
 (Background package may include maps for this section)

Insert Caption for Image

2.3.2 Street-Level Location Map

Insert “.jpg” Image Here

Action: Insert map that shows named streets and roadways.
(Background package may include maps for this section)

Insert Caption for Image

2.3.3 Overhead Aerial/Satellite Photographs, Map Images, Detailed Schematic Drawings, and/or Other Pictorial Representations of Site/Facility

Insert “.jpg” Image(s) Here

Action: Insert Overhead Aerial/Satellite Photographs, Map Images, Detailed Schematic Drawings, and/or Other Pictorial Representations of Site/Facility.

Insert caption(s) for photos

3.0 IDENTIFICATION OF CRITICAL SITE OPERATIONS AND SIGNIFICANT ASSETS

3.1 Description of Site Operations

| | |
|--|--|
| Purpose of Site | |
| Key Products/Services | |
| Key Customers or Industries Supported | |
| Type, Quantity, and Storage Medium of Hazardous Materials (HAZMAT), if applicable | |
| Other Activities Posing Public Health/Environmental Hazards | |

3.2 Criticality of Site or Site Operations

| | |
|--|--|
| Proximity to Heavily Populated Areas or Other Areas of Strategic Interest | |
| Production of Resources Critical to National or Regional Needs | |
| National/Regional Economic Impacts | |
| Environmental Consequences | |
| National Security Impacts | |
| Symbolic Importance | |
| Other Socio-Political Impacts | |
| Support to Other Critical Infrastructure | |

3.3 Standard Operating Procedures

Documented Standard Operating Procedures (SOPs) exist for the following emergencies:

| | |
|-------------------------------|---|
| Break-Ins | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| HAZMAT Spills/Releases | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Hostage Situations | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Natural Disasters | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Terrorist Incidents | <input type="checkbox"/> No <input type="checkbox"/> Yes |

3.4 Consequences of Attack on Facility

Likely consequences of an attack upon the facility—to include impacts to facility operations, the economy, and to environment, safety, and health—are identified in the table below.

*** NOTE: Check the most appropriate box applicable to each category. Mark only one response.**

| CONSEQUENCES OF ATTACK ON FACILITY | RESPONSE |
|--|--|
| Loss of Operations, Estimated Costs (24 hours) | <input type="checkbox"/> \$1,000,000 and higher |
| | <input type="checkbox"/> \$500,000 – \$999,999 |
| | <input type="checkbox"/> \$250,000 – \$499,999 |
| | <input type="checkbox"/> \$100,000 – \$249,999 |
| | <input type="checkbox"/> Less than \$100,000 |
| Replacement Cost of Facility | <input type="checkbox"/> \$10,000,000,000 and higher |
| | <input type="checkbox"/> \$1,000,000,000 – \$9,999,999,999 |
| | <input type="checkbox"/> \$500,000,000 – \$999,999,999 |
| | <input type="checkbox"/> \$100,000,000 – \$499,999,999 |
| | <input type="checkbox"/> Less than \$100,000,000 |

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| CONSEQUENCES OF ATTACK ON FACILITY | RESPONSE |
|---|--|
| Economic Impact | <input type="checkbox"/> International <input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> Local (Note: Select only the highest applicable category; e.g., national impacts are presumed to include lesser regional and local impacts.) |
| Environmental, Safety, and Health Impacts (Worst-Case Scenario) | <input type="checkbox"/> Extend off site with population impacts > 100,000 <input type="checkbox"/> Extend off site with population impacts of 50,000 – 99,999 <input type="checkbox"/> Extend off site with population impacts of 10,000 – 49,999 <input type="checkbox"/> Extend off site, with population impacts of < 10,000 <input type="checkbox"/> Extend off site, with no population impacts <input type="checkbox"/> Limited to on site |

3.5 Infrastructure Dependencies

| INFRASTRUCTURE DEPENDENCIES | DEFINE WHAT THE SITE'S CONSEQUENCES OF LOSS ARE AND IDENTIFY ANY REDUNDANCIES IN PLACE. |
|------------------------------------|--|
| Energy | |
| Telecommunications | |
| Transportation | |
| Water | |
| Other | |

3.6 Identification of Significant Areas/Assets

The following site areas and/or assets are determined to be significant to site operations and/or public safety and thus warrant enhanced preventive and protective measures against terrorist attack.

| SIGNIFICANT AREA/ASSET | CHARACTERISTICS | DESCRIPTION OF LOCATION AND LATITUDE/LONGITUDE |
|------------------------|-----------------------------------|--|
| | Describe: Consequence of loss: | Location: Latitude: Longitude: |
| | Describe: Consequence of loss: | Location: Latitude: Longitude: |
| | Describe: Consequence of loss: | Location: Latitude: Longitude: |
| | Describe: Consequence of loss: | Location: Latitude: Longitude: |
| | Describe: Consequence of loss: | Location: Latitude: Longitude: |
| | Describe: Consequence of loss: | Location: Latitude: Longitude: |

3.7 Photographs of Significant Areas/Assets

Insert “.jpg” Photo(s) of Significant Areas/Assets at Facility

Insert Caption

3.8 Security Implementation Table

Overall security within and surrounding this CI/KR site will be significantly increased through implementation of the buffer zone protection measures recommended below. These protective measures reduce the risk associated with specific operational based threats.

| HOMELAND SECURITY ADVISORY SYSTEM (HSAS) LEVEL | PROTECTIVE MEASURE | PURPOSE (Devalue, Detect, Deter, Defend) | AGENCY / DEPARTMENT | STATUS (In Place or Option for Consideration) |
|--|---|--|---------------------|---|
| GREEN (Low) | At this time, normal operating condition is no lower than YELLOW. | | | |
| BLUE (Guarded) | | | | |
| YELLOW (Elevated) | | | | |
| | | | | |
| | | | | |
| ORANGE (High) | | | | |
| | | | | |
| | | | | |
| RED (Severe) | | | | |
| | | | | |
| | | | | |

3.9 Correlation of Threat Levels

| | |
|---|--|
| <p>Does the facility utilize HSAS?</p> | <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> |
| <p>If applicable, other threat level systems used at this facility and their correlation to HSAS are identified below. Ex: Maritime Security (MARSEC) Level 1 = HSAS Green, Blue, Yellow</p> | |
| <p>Does the facility receive sector-specific threat information and trends from the State or regional Fusion Center?</p> | <p><input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes</p> |
| <p>Does the facility receive notification of changes to sector-specific or national HSAS threat levels from the State or regional Fusion Center?</p> | <p><input type="checkbox"/> No, Describe how notifications are received: <input type="checkbox"/> Yes</p> |

4.0 THREAT IDENTIFICATION

Terrorists have a variety of weapons and tactics available to achieve their objectives. Attacks can be carried out by individuals, small teams of perpetrators, or larger groups acting in a coordinated fashion. Significant site assets should be evaluated for their vulnerability to each of the following six threat streams based on the vulnerability factors presented below.

*** NOTE: Complete and accurate information is critical to the BZPP. Therefore, describe each “Yes” response in full detail.**

4.1 Improvised Explosive Device (IED) – Worn, Carried, Placed Bomb, and Vehicle-Borne

| | |
|--|--|
| <p>Vulnerability assessment: Identification of the vulnerabilities associated with this threat stream.</p> <p>(Note: Identify if it is the facility as a whole, or specific Significant Areas/Assets in particular, which are vulnerable to this specific attack.)</p> | <p><input type="checkbox"/> This threat stream is not applicable. (Explain.)</p> <p><input type="checkbox"/> Facility</p> <p><input type="checkbox"/> Significant Areas/Assets</p> <p>1.</p> <p>2.</p> <p>3.</p> |
|--|--|

| FACTORS FOR IED ATTACK | VULNERABILITY |
|---|--|
| <p>Uninhibited avenues of approach exist that would enable the transport of an IED.</p> <p>(Note: e.g., sidewalks, roads, parking lots, and public forms of transportation are abundant in the vicinity.)</p> | <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Describe:</p> |
| <p>High-speed avenues of approach exist for a vehicle-borne IED (VBIED).</p> <p>(Note: e.g., wide sidewalks, roads, adjacent parking lots)</p> | <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Describe:</p> |
| <p>Parking is permitted (above or below ground) near key assets, thus enabling a VBIED attack.</p> | <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Describe:</p> |
| <p>Concealed drop-off points exist to hide an IED (e.g., mail boxes, garbage cans).</p> | <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Describe:</p> |
| <p>There are multiple entry/exit points to/from the facility.</p> | <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Describe:</p> <p>(Note: Include all, regardless of condition, as locked/barred or obstructed. Specify if operational and/or how door use is restricted, e.g., broken or chained, etc.)</p> |

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| FACTORS FOR IED ATTACK | VULNERABILITY |
|--|---|
| Identifiable physical security measures exist at the facility that are obvious to the casual observer. (Note: e.g., fence, closed-circuit television (CCTV), uniformed guards.) | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| The facility is normally open to the public. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: (Note: Conditional situations that exist such as time constraints or specific times of exclusion should be noted.) |
| The facility is periodically open to the public. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: (Note: Conditional situations that exist such as the existence of planned open house activities or civic event times and duration should be defined.) |
| LLE response time to facility is more than 5 minutes. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Identifiable unique structures, colors, location, or signage exist at the facility that are obvious to the casual observer and call attention to the facility or its assets. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Large numbers of people congregate at the facility and/or its assets. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Detection devices or measures are in place to identify an adversary or potential IED/VBIED. (Note: e.g., magnetometers or mail pre-screening.) | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| There is a readily accessible staging area for surveillance and direct lines of sight. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Other (Please describe.) | <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |

4.2 Biological Weapon/Chemical Weapon/Radiological Dispersion Device

| | |
|---|--|
| Vulnerability assessment: Identification of the vulnerabilities associated with this threat stream. (Note: Identify if it is the facility as a whole, or specific Significant Areas/Assets in particular, which are vulnerable to this specific attack.) | <input type="checkbox"/> This threat stream is not applicable. (Explain.) <input type="checkbox"/> Facility <input type="checkbox"/> Significant Areas/Assets 1. 2. 3. |
|---|--|

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| FACTORS FOR CHEMICAL, BIOLOGICAL, RADIOACTIVE, NUCLEAR (CBRN) ATTACK | VULNERABILITY |
|--|--|
| Exhaust ducts exist at street level in the immediate vicinity of high-value targets, thus allowing a biological/chemical agent to be disseminated to a broader population. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Air intakes are easily accessible to high-value targets, thus allowing biological/chemical agent induction to the site. (Note: e.g., ground level or open access from the roof) | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Food and water systems are accessible for contamination. (Note: e.g., at point of entry, food is prepared off site, etc) | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| There is an enclosed system capable of spreading a biological/chemical agent great distances. (Note: e.g., consider tunnel networks, sewer systems, service races, etc.) | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| There are areas where there is the ability to deliberately contaminate surfaces with biological toxins. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| There are large open spaces where people gather. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Detection devices or measures are in place to identify biological/chemical/radioactive agents through delivery of packages and mail. (Note: e.g., bio-detection, x-ray, ion-scan systems, etc.) | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| The facility has accessible biological/chemical/radioactive agents on site (e.g., in a research and development lab). | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Loss of facility areas for re-entry would cause mass chaos and loss of operations for a long period of time. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Other (Please describe.) | <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |

4.3 Toxic Industrial Chemicals (TICs)/HAZMAT Release

| | |
|--|--|
| <p>Vulnerability assessment: Identification of the vulnerabilities associated with this threat stream.</p> <p>(Note: Identify if it is the facility as a whole, or specific Significant Areas/Assets in particular, which are vulnerable to this specific attack.)</p> | <p><input type="checkbox"/> This threat stream is not applicable. (Explain.)</p> <p><input type="checkbox"/> Facility</p> <p><input type="checkbox"/> Significant Areas/Assets</p> <p>1.</p> <p>2.</p> <p>3.</p> |
|--|--|

| FACTORS FOR TIC/HAZMAT ATTACK | VULNERABILITY |
|--|---|
| There is significant population density in the area that could be impacted by a release. (i.e., population density greater than 200,000) | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Presence of TIC/HAZMAT on site is readily apparent. (Note: e.g., recognizable items are visible such as chemical tanks/vessels that are labeled or constructed to indicate toxic or hazardous contents; chemical monitors or workers in personal protective equipment (PPE) indicate on-site toxic hazards.) | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| First responders are adequately equipped or trained to respond to a TIC or HAZMAT release. | <input type="checkbox"/> N/A <input type="checkbox"/> No, Describe: <input type="checkbox"/> Yes, Describe: |
| Facility TIC/HAZMAT response times are adequate. | <input type="checkbox"/> N/A <input type="checkbox"/> No, Describe: <input type="checkbox"/> Yes |
| On-site response capability for a TIC/HAZMAT release exists. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Other (Please describe.) | <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Caveats and exceptions or anomalies exist to the statements above. | <input type="checkbox"/> N/A <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |

4.4 Airborne Attack (Use of Aircraft as a Weapon)

| | |
|--|--|
| <p>Vulnerability assessment: Identification of the vulnerabilities associated with this threat stream.</p> <p>(Note: Identify if it is the facility as a whole, or specific Significant Areas/Assets in particular, which are vulnerable to this specific attack.)</p> | <p><input type="checkbox"/> This threat stream is not applicable. (Explain.)</p> <p><input type="checkbox"/> Facility</p> <p><input type="checkbox"/> Significant Areas/Assets</p> <p>1.</p> <p>2.</p> <p>3.</p> |
|--|--|

| FACTORS FOR AIRBORNE ATTACK | VULNERABILITY |
|--|---|
| <p>There are uninhibited avenues of approach to the facility by air.</p> <p>(Note: e.g., no-fly zones, airports in the vicinity)</p> | <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Describe:</p> |
| <p>The facility is obviously identifiable from the air during the day.</p> <p>(Note: e.g., by virtue of unique structure, color, location, signage, shape or size)</p> | <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Describe:</p> |
| <p>The facility is obviously identifiable from the air at night.</p> <p>(Note: e.g., by virtue of lighting, shape, or size)</p> | <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Describe:</p> |
| <p>Local response capability includes coordination of civil combat air patrol and/or LLE aircraft.</p> | <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Describe:</p> |
| <p>Other (Please describe.)</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Describe:</p> |

4.5 Maritime Attack (Use of Watercraft as a Weapon)

| | |
|--|--|
| <p>Vulnerability assessment: Identification of the vulnerabilities associated with this threat stream.</p> <p>(Note: Identify if it is the facility as a whole, or specific Significant Areas/Assets in particular, which are vulnerable to this specific attack.)</p> | <p><input type="checkbox"/> This threat stream is not applicable. (Explain.)</p> <p><input type="checkbox"/> Facility</p> <p><input type="checkbox"/> Significant Areas/Assets</p> <p>1.</p> <p>2.</p> <p>3.</p> |
|--|--|

| FACTORS FOR WATERBORNE ATTACK | VULNERABILITY |
|---|---|
| <p>The facility is near a navigable waterway.</p> | <p><input type="checkbox"/> No (Skip to Section 4.6.)</p> <p><input type="checkbox"/> Yes, Describe:</p> |
| <p>There are uninhibited avenues of approach to the facility by water.</p> | <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Describe:</p> <p>(Note: List all types and sizes. Include mitigating factors such as current flow.)</p> |
| <p>Significant asset(s) are located on or in close proximity to the water's edge and are visible from</p> | <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> No</p> |

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| the waterway. (Note: e.g., by virtue of unique structure, color, location, or signage.) | <input type="checkbox"/> Yes, Describe: |
| There are navigable routes with acceptable depths in and around the facility or significant assets. (Note: high and low tides, minimum depth, currents, etc.) | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Navigable waterways exist that are usable 24/7. Travel access times are unlimited. (Note: e.g., by tides and currents) | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Man-made or natural barriers in the waterway exist that impede direct access to the facility. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Stand off in or around significant assets exists. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Discernable perimeter security exists in and around the facility. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Lighting is such that critical asset(s) are easily recognizable from the water during evening hours. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Perimeter security is well defined, but factors such as clutter and vegetation on shore provide cover and concealment for staging waterborne attacks. (Note: e.g., able to stage vessel-borne IED attack or insert assaulters near asset) | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Waterborne response agencies exist. (e.g., Coast Guard, LLE) | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: (Include responders and estimated response times.) |
| Unsecured communications can be monitored via marine band radio. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Other (Please describe.) | <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |

4.6 Hostage Barricade, Abduction/Kidnapping, and/or Assault/Assassination

| | |
|--|--|
| <p>Vulnerability assessment: Identification of the vulnerabilities associated with this threat stream.</p> <p>(Note: Identify if it is the facility as a whole, or specific Significant Areas/Assets in particular, which are vulnerable to this specific attack.)</p> | <p><input type="checkbox"/> This threat stream is not applicable. (Explain.)</p> <p><input type="checkbox"/> Facility</p> <p><input type="checkbox"/> Significant Areas/Assets</p> <p>1.</p> <p>2.</p> <p>3.</p> |
|--|--|

| FACTORS FOR HOSTAGE BARRICADE, ABDUCTION/ KIDNAPPING, AND/OR ASSAULT/ASSASSINATION | VULNERABILITY |
|---|--|
| Key individuals who are likely targets work/reside in this facility. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes (Note: Identify/describe in boxes below.) |
| Key individuals in this facility who are likely targets include: (Note: e.g., designers, researchers, technicians, scientists, visitors during special events) | 1. <input type="checkbox"/> Executives 2. <input type="checkbox"/> Members of the Board of Directors 3. <input type="checkbox"/> Key Knowledge Workers 4. <input type="checkbox"/> Children of Very Important Persons (VIPs)/High-Profile Individuals 5. <input type="checkbox"/> Dignitaries. Describe: 6. <input type="checkbox"/> High-Profile Individuals. Describe: 7. <input type="checkbox"/> Persons of International Relevance. Describe: |
| High-priority groups that are likely targets work/reside in this facility. (Note: e.g., Technical Development Teams etc.) | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes (Note: Identify/describe in boxes below.) |
| High-priority groups that are likely targets in this facility include: | <input type="checkbox"/> Groups of children. Describe: (e.g., schools, churches, day care centers) <input type="checkbox"/> Groups of personnel. Describe: (e.g., religious, political, organizational) <input type="checkbox"/> Others. Describe: |
| There is a readily accessible staging area for surveillance with a direct line of sight to the facility. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Key individuals who are likely targets visit this facility. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| High-priority groups who are likely targets visit this facility. (Note: e.g., Technical Development Teams etc.) | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Other (Please describe.) | <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |

4.7 Cyber Attack

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|--|--|
| <p>Vulnerability assessment: Identification of the vulnerabilities associated with this threat stream.</p> <p>(Note: Identify if it is the facility as a whole, or specific Significant Areas/Assets in particular, which are vulnerable to this specific attack.)</p> | <p><input type="checkbox"/> This threat stream is not applicable. (Explain.)</p> <p><input type="checkbox"/> Facility</p> <p><input type="checkbox"/> Significant Areas/Assets</p> <p>1.</p> <p>2.</p> <p>3.</p> |
|--|--|

| FACTORS FOR CYBER ATTACK | VULNERABILITY |
|---|--|
| Information technology (IT) systems are critical to facility operations. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| The facility has a cyber security plan. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| The facility has a remote access system or modem connection. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| The facility has a Supervisory Control and Data Acquisition (SCADA) system. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Other (Please describe.) | <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |

5.0 SECURITY CHECKLISTS

The purpose of this section is to assist in determining those characteristics of the facility and/or its buffer zone that render it vulnerable to terrorist attack or exploitation. The information gathered from these checklists will be used to determine site vulnerabilities, as well as the preventive and/or protective measures to be taken during the various HSAS threat level changes.

5.1 Facility Management Security

This checklist assesses facility security, human resources, and other management practices that may affect facility security.

| FACILITY MANAGEMENT | DESCRIPTION |
|---|---|
| Formal documented security plan(s) exist. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Formal documented security plan(s) are available to all employees. | <input type="checkbox"/> N/A <input type="checkbox"/> No, Describe: <input type="checkbox"/> Yes |
| Formal documented threat definition and assessment statement(s) exist. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Formal documented threat definition and assessment statement(s) are available to all employees. | <input type="checkbox"/> N/A <input type="checkbox"/> No, Describe: <input type="checkbox"/> Yes |
| Initial security awareness training is provided to all employees. | <input type="checkbox"/> N/A <input type="checkbox"/> No, Describe: <input type="checkbox"/> Yes, Describe: |
| Refresher security awareness training is provided annually. | <input type="checkbox"/> N/A <input type="checkbox"/> No, Describe: <input type="checkbox"/> Yes, Describe: |
| The facility has a security force. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: (Note: Specify whether these are company or contractor employees.) |
| How many individuals comprise the security force? | (Note: Include shifts and number of personnel per shift.) |
| Additional security force personnel are used during heightened threat levels. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Members of the security force have arrest authority. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: (Note: Include number of or percentage of the force with this authority.) |
| Security-related SOPs exist and are documented. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |

PROTECTED CRITICAL INFRASTRUCTURE INFORMATION

| FACILITY MANAGEMENT | DESCRIPTION |
|--|--|
| Security force personnel train and employ documented SOPs. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Initial background checks are made on all new employees. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Security force personnel are reinvestigated yearly. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Preliminary background checks are made on all temporary employees. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Initial background checks are made on all temporary employees and contractors. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Reinvestigations are made on all temporary employees and contractors annually for long-term contracts. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Executive protection program(s) exist for senior executives/managers. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Memoranda of understanding (MOUs) and/or memoranda of agreement (MOAs) regarding security measures are in place with adjacent facilities for mutual support. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |

5.2 Surveillance Security

This checklist assesses the facility’s vulnerability to surveillance and the existence or effectiveness of measures in place to protect against surveillance.

| SURVEILLANCE | DESCRIPTION |
|---|--|
| Locations outside the facility exist that allow viewing of sensitive operations. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Higher elevation areas around the facility exist that enhance the probability for surveillance and attack scenarios (e.g., hills, buildings, parking structures, other facilities, etc.). | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Commercial, public, or private buildings exist that allow long-term surveillance to go undetected. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Bus stops, taxi stands/drops, or other areas used for public transportation exist that can be used as staging areas with lines of sight to the facility. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |

PROTECTED CRITICAL INFRASTRUCTURE INFORMATION

| SURVEILLANCE | DESCRIPTION |
|---|--|
| Normal activities occur outside the facility that allow for close proximity to restricted areas and/or the facility's perimeter by unauthorized personnel. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Counter-surveillance teams are utilized during elevated threat levels. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Trained counter-surveillance teams are available to the facility. (Note: e.g., LLE may provide if available.) | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Pedestrian and/or auto traffic has uninhibited access to routes allowing moving surveillance of the facility. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Known deficiencies exist in the facility's security perimeter. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Adjacent facilities have mutual/comparable security measures in place to prevent, limit, or monitor access to shared boundaries. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Procedures exist that identify and verify disabled vehicles, personnel, etc. found in close proximity to the facility's security perimeter or critical facility components. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Measures exist to visually record vehicles or personnel who approach or cross into the facility. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| "Warning" signs exist and are placed where clearly visible (e.g., no trespassing, beware of dog, cameras in use, video surveillance in use). | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Opportunities exist for contractors, vendors, visitors, etc. to obtain unrestricted access to the facility or restricted areas. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Procedures exist for reporting suspicious personnel or activities. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |

5.3 Buffer Zone Security

The following checklist assesses the security of the facility's buffer zone.

| BUFFER ZONE SECURITY | DESCRIPTION |
|---|--|
| An exclusive buffer zone currently exists outside of the external physical perimeter to the facility or critical component. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Critical components/assets exist outside of the facility's physical perimeter. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: (Note: Include proximity to and/or distance from perimeter. e.g., located adjacent to, in the vicinity of, or remote at some specified distance) |
| Public roads exist that allow access to critical facility components outside of the facility's physical perimeter. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Additional avenues of approach for pedestrian or auto traffic exist that allow access to critical facility components outside of the facility's physical perimeter. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Waterways that flow through the facility's grounds and/or within the buffer zone are monitored/patrolled. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Parking is allowed within the established buffer zone. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Loaded trucks and/or railcars stop or park at or near the facility. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Vehicle parking areas within the buffer zone are observed and monitored from security checkpoints or other occupied security offices. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Vehicle parking areas in the buffer zone are illuminated. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Buffer zone areas have sufficient lighting for security. (Note: e.g., parking lots, walkways, roads etc.) | <input type="checkbox"/> N/A <input type="checkbox"/> No, Describe: <input type="checkbox"/> Yes, Describe: |

PROTECTED CRITICAL INFRASTRUCTURE INFORMATION

| BUFFER ZONE SECURITY | DESCRIPTION |
|---|--|
| Passive vehicle barriers are employed to prevent vehicles from entering the buffer zone. (Note: e.g., Jersey barriers, buried ties, concrete planters, cables) | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Active barriers are employed to exclude vehicles from entering the buffer zone. (Note: e.g., hydraulic lift gates) | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Temporary barriers are employed to exclude vehicles from entering the buffer zone. (Note: e.g., vehicles, portable wheel spikes, water-filled Jersey barriers) | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Dumpster and trash receptacles exist as vehicle barriers within the buffer zone. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |

5.4 Physical Security

| PHYSICAL SECURITY | DESCRIPTION |
|---|--|
| Fences and gates exist within the buffer zone. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Fence and gate components of the facility perimeter are in good repair. | <input type="checkbox"/> N/A <input type="checkbox"/> No, Describe: <input type="checkbox"/> Yes |
| Fence and gate components of the facility perimeter have alarms. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Fence and gate components of the facility perimeter are reinforced or are otherwise protected against vehicle intrusion. (Note: e.g., trench line precedes the fence.) | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Fence and gate components of the facility perimeter are clear of vegetation. | <input type="checkbox"/> N/A <input type="checkbox"/> No, Describe: <input type="checkbox"/> Yes |
| Fence and gate components of the facility perimeter are clearly marked with visibly well placed "warning" signs along the perimeter. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |

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| PHYSICAL SECURITY | DESCRIPTION |
|---|---|
| Gates control vehicular and/or pedestrian access to the facility. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Gates are manned 24/7. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: (Note which are and are not.) |
| Gates are controlled by a card reader system and/or other automated access control system. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: (Note which are and are not.) |
| Fence and gate components of the facility perimeter are adequately illuminated. | <input type="checkbox"/> N/A <input type="checkbox"/> No, Describe: <input type="checkbox"/> Yes |
| Vehicle barriers exist within the buffer zone. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Speed control obstacles are employed to prevent vehicles from running checkpoints or vehicle search areas during elevated alert levels. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Passive vehicle barriers are employed to protect critical components from Large-Vehicle Improvised Explosive Devices (LVIEDs). (Note: e.g., Jersey barriers, buried ties, concrete planters, cables) | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Vehicle searches are performed within the buffer zone. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Delivery vehicles are routinely screened and inspected upon entry to the facility. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| During elevated threat levels, passenger vehicles are searched prior to being permitted to enter the facility. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Explosives detection canines are available for facility security sweeps. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: (Note: Identify applicable conditions.) |

PROTECTED CRITICAL INFRASTRUCTURE INFORMATION

| PHYSICAL SECURITY | DESCRIPTION |
|--|---|
| Intrusion detection systems (IDSs) exist within the buffer zone. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| The facility employs an exterior IDS. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| The facility's IDS provides specific dedicated coverage for significant facility assets. | <input type="checkbox"/> N/A <input type="checkbox"/> No, Describe: <input type="checkbox"/> Yes, Describe: |
| The facility employs CCTV. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: (Include the total number of cameras and key assets monitored.) |
| All significant facility assets are under CCTV coverage. | <input type="checkbox"/> N/A <input type="checkbox"/> No, Describe: <input type="checkbox"/> Yes, Describe: |
| Security patrols are performed within the buffer zone. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Daily after-hours security checks are made of all facility access points. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| The perimeter is checked routinely by the facility security force. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Security force checks are all recorded. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: (Note: Include intervals) |
| Access control exists within the buffer zone. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Identity badges are used to authenticate employees and authorized personnel. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: (Note: Identify frequency of verification.) |

PROTECTED CRITICAL INFRASTRUCTURE INFORMATION

| PHYSICAL SECURITY | DESCRIPTION |
|---|---|
| Facility access passes and/or decals are used to identify authorized vehicles. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Access control devices are used to gain entry to the facility. (Note: e.g., employee badges, swipe/proximity cards, biometric devices) | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Access control devices are used to gain entry to critical assets and/or areas of interest within the facility. (Note: e.g., employee badges, swipe/proximity cards, biometric devices) | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Screening devices are used to detect the presence of weapons, explosives, and/or other unauthorized items. (Note: e.g., dogs, metal detectors, X-rays) | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Visitor access control exists within the buffer zone. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Visitors are required to sign in with security. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Visitors are issued temporary badges that identify them as visitors. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Visitors must be escorted at all times everywhere in the facility. | <input type="checkbox"/> N/A <input type="checkbox"/> No, Describe: <input type="checkbox"/> Yes, Describe: |
| Visitors must be escorted in sensitive facility locations only. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Radio communications exist within the buffer zone. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Radio communications within the buffer zone are clear and unrestricted. | <input type="checkbox"/> N/A <input type="checkbox"/> No, Describe: <input type="checkbox"/> Yes, Describe: |
| Other communications exist within the buffer zone. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |

PROTECTED CRITICAL INFRASTRUCTURE INFORMATION

| PHYSICAL SECURITY | DESCRIPTION |
|--|---|
| Other communications within the buffer zone are clear and unrestricted. | <input type="checkbox"/> N/A <input type="checkbox"/> No, Describe: <input type="checkbox"/> Yes, Describe: |
| A designated command center exists within the facility. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |
| Designated direct communication channels exist between the facility and LLE. | <input type="checkbox"/> N/A <input type="checkbox"/> No, Describe how LLE is contacted in the event of an emergency: <input type="checkbox"/> Yes, Describe: |
| Alternative communication channels exist between the facility and LLE other than 911 emergency phone services. | <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: |

6.0 BUFFER ZONE DEVELOPMENT

Based on the threats and vulnerabilities identified in the preceding sections, the following buffer zone, extending outward from the facility, has been defined as the appropriate area for the implementation of preventive and protective security measures. The buffer zone includes all areas that would allow effective surveillance of or launch of an attack against the facility. The area also incorporates other nearby critical infrastructure and transportation assets—to include roads, rail lines, bridges, and waterways—as appropriate.

A description of the buffer zone is provided in Section 6.1. Relevant maps and photographs follow.

*** NOTE: Some information may be provided in the background package.**

6.1 Buffer Zone Description

| BUFFER ZONE DESCRIPTION | DESCRIPTIVE DETAILS |
|---|---|
| General Description of the Buffer Zone (Note: e.g., industrial, commercial, residential, agricultural, rural; approximate size) | |
| Boundaries of the Buffer Zone | N: S: E: W: |
| County or Counties | |
| Local Government(s) | |
| Populated Areas Around Facility | |
| Major Transportation Routes (Note: e.g., roads, rail lines, waterways) | |
| Surrounding Critical Infrastructure | |
| Location and Response Times of Nearest Police/Fire/Rescue to Facility | Police: Fire: Rescue: (Note: include cardinal direction, distance, and response time to facility.) |

6.2 Map Delineating Buffer Zone Boundaries

*** NOTE: Outline the buffer zone within a map or image that clearly defines the critical boundaries. Identify and label surveillance points, possible attack points, ingress/egress routes, and notable buffer zone features. Use computer-based graphics to support this process. Save as a .jpeg file and insert below.**

Insert “.jpg” Image Here

6.3 Buffer Zone Images

*** NOTE: Include photographs or overhead imagery documenting perimeter security concerns, views of significant assets from the buffer zone, etc. as appropriate. Identify and label surveillance points, staging areas, potential stand-off weapon locations, and avenues of approach or assault. Include a legend to any descriptive markings. Use computer-based graphics to support this process. Save as a .jpeg file and insert below.**

Insert “.jpg” Image(s) Here

7.0 BZPP AGENCY POINTS OF CONTACT

The following agencies and individuals have responsibilities associated with the implementation of this BZP and related terrorism protection and response duties in support of this facility. This list includes applicable law enforcement agencies; State, regional, and/or urban area fusion centers; emergency response assets, to include bomb disposal and HAZMAT units; public works; other Federal, State, and local government agencies; and facility security officials.

***NOTE: This section must be completed by LLE to ensure accurate and current data is provided. Affected agencies include:**

Site/Facility Management

Security Force, HAZMAT Team

LLE, Emergency Response, and other Homeland Security Agencies

Police Departments, Sheriff's Offices, Bomb Disposal, Special Weapons and Tactics (SWAT)

Fire Departments, Rescue Squads, HAZMAT Teams

Public Works and/or Public Health

State, Regional, or Local Agencies

State Homeland Security Advisor, State Police, State Emergency Management Agencies, National Guard

Fusion Center

Federal Agencies

Federal Bureau of Investigation (FBI), Joint Terrorism Task Force (JTTF), DHS, Coast Guard

Other Enforcement Agencies (e.g., transit, railroad, and/or port police, etc.)

7.1 BZPP Agency POC List

| AGENCY | POC NAME & TITLE | ADDRESS | PHONE | CELL | FAX | E-MAIL |
|--------|---------------------|---------|-------|------|-----|--------|
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8.0 GAP ANALYSIS OF LOCAL TERRORISM PREVENTION AND PROTECTION CAPABILITIES

To ensure that adequate levels of support are available to prevent, protect against, and respond to acts of terrorism affecting this CI/KR site and its surrounding communities, the responsible law enforcement jurisdiction(s) and/or emergency services providers for this site were asked to provide an overview of their operations and a self-evaluation of their organization’s readiness and capabilities. This evaluation is designed to gauge each responsible jurisdiction’s ability to effectively prevent and respond to certain emergency situations, to include having an adequate force of trained personnel and the necessary tools and equipment to perform their assigned missions.

*** NOTE: Explain answers as necessary.**

8.1 General LLE Protective Force Support

| | |
|---|--|
| Name and Address of Agency | |
| Agency BZPP POC | |
| Size of Force | |
| Estimated Response Time to Site | |
| Patrols | Is the area around the facility regularly patrolled by officers? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how often? |
| Mutual Aid Agreements | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe the following: 1. Are the agreements written or verbal? Written <input type="checkbox"/> Verbal <input type="checkbox"/> 2. List the agencies involved, describe how aid is requested, and identify the types/levels of support to be provided. 3. Are radio communications interoperable? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain how: (Note: e.g. specified channels, command center) |
| Participation in Visits/Exercises/ Training Affecting Site | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe: |
| Ability to Operate in a Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) Environment | Yes <input type="checkbox"/> No <input type="checkbox"/> 1. Describe the types of CBRNE equipment LLE currently possesses. 2. Describe the types of CBRNE equipment LLE currently lacks. |

| | |
|--|-----------|
| What types of training does LLE currently lack to operate in a preventive or protective capacity at this site? | Describe: |
| What types of equipment does LLE currently lack to operate in a preventive or protective capacity at this site? | Describe: |

8.2 Bomb Disposal Support

| | |
|---|---|
| Name and Address of Agency | |
| Agency BZPP POC | |
| Size of Unit | Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> |
| Estimated Response Time to Site | |
| Mutual Aid Agreements | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please describe the following: Are the agreements written or verbal? Written <input type="checkbox"/> Verbal <input type="checkbox"/></p> <p>List the agencies involved, describe how aid is requested, and identify the types/ levels of support to be provided.</p> <p>Are radio communications interoperable? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain how: (Note: e.g. specified channels, command center)</p> |
| Participation in Visits/Exercises/ Training Affecting This Site | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please describe:</p> |
| Does the unit have bomb detection K-9 dogs? | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how many:</p> |
| Ability to Operate in a CBRNE Environment | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Describe the types of CBRNE equipment the Bomb Squad currently possesses. Describe the type of CBRNE equipment the Bomb Squad currently lacks.</p> |
| What types of training does the bomb squad currently lack to operate in a protective or preventive capacity at this site? | Describe: |
| What types of equipment does the bomb squad currently lack to operate in a preventive or protective capacity at this site? | Describe: |

8.3 SWAT Support

| | |
|--|---|
| Name and Address of Agency | |
| Agency BZPP POC | |
| Size of Unit | Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> |
| Unit Members | Number of Tactical Medics: Number of Bomb Technicians: |
| Estimated Response Time from Initial Notification to Fully Operational Command Post | |
| Unit Capabilities (Include explosive breaching, aerial insertion, waterborne introduction, etc.) | |
| Mutual Aid Agreements | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please describe the following: Are the agreements written or verbal? Written <input type="checkbox"/> Verbal <input type="checkbox"/></p> <p>List the agencies involved, describe how aid is requested, and identify the types/ levels of support to be provided.</p> <p>Are radio communications interoperable? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain how: (Note: e.g. specified channels, command center)</p> |
| Participation in Visits/Exercises/ Training Affecting This Site | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe: |
| Ability to Operate in a CBRNE Environment | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Describe the types of CBRNE equipment the SWAT unit currently possesses.</p> <p>Describe the type of CBRNE equipment the SWAT unit currently lacks.</p> |
| What types of training does the SWAT unit currently lack to operate in a protective or preventive capacity at this site? | Describe: |
| What types of equipment does the SWAT unit currently lack to operate in a protective or preventive capacity at this site? | Describe: |

8.4 Additional Emergency Services Prevention and Protection Support

*** NOTE: IMPORTANT: Only include an agency if it has a role in PREVENTION or PROTECTION, not response.**

Do any additional emergency services agencies (e.g., fire departments, rescue squads/emergency medical services, public works, public health or safety agencies) have any preventive or protective roles with regard to the subject site? Yes No

If yes, please complete the following table for each applicable agency. The table may be copied as necessary.

| | |
|---|---|
| Name and Address of Agency | |
| Agency BZPP POC | |
| Size of Force | Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> |
| Estimated Response Time to Site | |
| Mutual Aid Agreements | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe the following: 1. Are the agreements written or verbal? Written <input type="checkbox"/> Verbal <input type="checkbox"/> 2. List the agencies involved, describe how aid is requested, and identify the types/ levels of support to be provided. 3. Are radio communications interoperable? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain how: (Note: e.g. specified channels, command center) |
| Participation in Visits/Exercises/ Training Affecting This Site | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe: |
| Ability to Operate in a CBRNE Environment | Yes <input type="checkbox"/> No <input type="checkbox"/> Describe the types of CBRNE equipment the agency currently possesses. Describe the types of CBRNE equipment the agency currently lacks. |
| Description of the Protection and/or Prevention Role the Agency Would Provide at This Site | |
| What types of training does the agency currently lack to operate in a preventive or protective capacity at this site? | Describe: |
| What types of equipment does the agency currently lack to operate in a preventive or protective capacity at this site? | Describe: |

8.5 Other Agencies

| | |
|---|--|
| <p>Do any other Federal, State, or local agencies have any preventive or protective roles with regard to the subject site? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete the following table for each applicable agency. The table may be copied as necessary.</p> | |
| Name and Address of Agency | |
| Agency BZPP POC | |
| Size of Force | Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> |
| Estimated Response Time to Site | |
| Mutual Aid Agreements | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe the following: 1. Are the agreements written or verbal? Written <input type="checkbox"/> Verbal <input type="checkbox"/> 2. List the agencies involved, describe how aid is requested, and identify the types/ levels of support to be provided. 3. Are radio communications interoperable? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain how: (Note: e.g. specified channels, command center) |
| Participation in Visits/ Exercises/Training Affecting This Site | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe: |
| Ability to Operate in a CBRNE Environment | Yes <input type="checkbox"/> No <input type="checkbox"/> Describe the types of CBRNE equipment the agency currently possesses. Describe the types of CBRNE equipment the agency currently lacks. |
| Description of the Protection and/or Prevention Role the Agency Would Provide at This Site | |
| What types of training does the agency currently lack to operate in a preventive or protective capacity at this site? | Describe: |
| What types of equipment does the agency currently lack to operate in a preventive or protective capacity at this site? | Describe: |

8.6 Mutual Aid Agreements with Supporting Agencies

List agencies in the order in which they would be contacted.

| LLE SUPPORT | BOMB SUPPORT | SWAT SUPPORT | FIRE SUPPORT | HAZMAT SUPPORT |
|---|---|---|---|---|
| Agency: Mutual Aid Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Written? <input type="checkbox"/> Yes <input type="checkbox"/> No | Agency: Mutual Aid Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Written? <input type="checkbox"/> Yes <input type="checkbox"/> No | Agency: Mutual Aid Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Written? <input type="checkbox"/> Yes <input type="checkbox"/> No | Agency: Mutual Aid Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Written? <input type="checkbox"/> Yes <input type="checkbox"/> No | Agency: Mutual Aid Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Written? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Agency: Mutual Aid Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Written? <input type="checkbox"/> Yes <input type="checkbox"/> No | Agency: Mutual Aid Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Written? <input type="checkbox"/> Yes <input type="checkbox"/> No | Agency: Mutual Aid Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Written? <input type="checkbox"/> Yes <input type="checkbox"/> No | Agency: Mutual Aid Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Written? <input type="checkbox"/> Yes <input type="checkbox"/> No | Agency: Mutual Aid Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Written? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Agency: Mutual Aid Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Written? <input type="checkbox"/> Yes <input type="checkbox"/> No | Agency: Mutual Aid Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Written? <input type="checkbox"/> Yes <input type="checkbox"/> No | Agency: Mutual Aid Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Written? <input type="checkbox"/> Yes <input type="checkbox"/> No | Agency: Mutual Aid Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Written? <input type="checkbox"/> Yes <input type="checkbox"/> No | Agency: Mutual Aid Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Written? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Agency: Mutual Aid Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Written? <input type="checkbox"/> Yes <input type="checkbox"/> No | Agency: Mutual Aid Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Written? <input type="checkbox"/> Yes <input type="checkbox"/> No | Agency: Mutual Aid Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Written? <input type="checkbox"/> Yes <input type="checkbox"/> No | Agency: Mutual Aid Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Written? <input type="checkbox"/> Yes <input type="checkbox"/> No | Agency: Mutual Aid Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Written? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Agency: Mutual Aid Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Written? <input type="checkbox"/> Yes <input type="checkbox"/> No | Agency: Mutual Aid Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Written? <input type="checkbox"/> Yes <input type="checkbox"/> No | Agency: Mutual Aid Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Written? <input type="checkbox"/> Yes <input type="checkbox"/> No | Agency: Mutual Aid Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Written? <input type="checkbox"/> Yes <input type="checkbox"/> No | Agency: Mutual Aid Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Written? <input type="checkbox"/> Yes <input type="checkbox"/> No |

9.0 RECOMMENDED RESOURCES ENHANCEMENTS

*** NOTE: Should any questions or concerns arise regarding this section, LLE should contact their local Protective Security Advisor (PSA).**

Based on: 1) the analysis of threats and vulnerabilities associated with this facility and its buffer zone and 2) the results of the gap analysis of existing law enforcement and emergency services capabilities to prevent, protect against, and respond to terrorist incidents affecting this site, the following is a comprehensive list of recommended planning, equipment, training, and exercises enhancements that have been identified to improve the security around this site and its buffer zone.

All requested equipment enhancements **must** specifically reference as its purpose either: 1) the site-specific threat or vulnerability that the equipment is intended to mitigate or 2) an agency-specific capability gap that the equipment will address, as it pertains to the protection of the identified site.

The total value of the planning, equipment, training, and exercises enhancements identified in this section may exceed the total amount of the applicable FY 2009 BZPP grant funds and/or the identified enhancements may include items that are not eligible for purchase using this grant. Other grant programs, such as the Homeland Security Grant Program (HSGP), may be leveraged to support activities or equipment purchases that may not be funded through FY 2009 BZPP grants.

The specific planning activities and equipment items that the responsible jurisdiction(s) is proposing to procure for this site utilizing the FY 2009 BZPP grant are documented in the VRPP that accompanies this document. All items identified in the VRPP **must** also be listed below.

Please review the FY 2009 Program Guidelines and Application Kit to identify specific planning activities and equipment eligibility for funding.

- Planning ALLOWABLE
- Equipment ALLOWABLE
- Training NOT ALLOWABLE
- Exercises NOT ALLOWABLE

9.1 Planning Activities

In FY 2009, BZPP funds may be used for a range of homeland security and CI/KR protection planning activities. Allowable planning activities include, but are not necessarily limited to, the following:

Developing and implementing homeland security and CI/KR support programs and adopting DHS national initiatives limited to the following:

- Implementing the National Preparedness Guidelines, as they relate to implementation of the National Infrastructure Protection Plan and Sector-Specific Plans (SSPs).
- Building or enhancing preventive radiological and nuclear detection programs.
- Modifying existing incident management and Emergency Operating Plans (EOPs) to ensure proper alignment with the National Response Plan (NRP) and the National Incident Management System (NIMS) coordinating structures, processes, and protocols.
- Establishing or enhancing mutual aid agreements or MOUs to ensure cooperation with respect to CI/KR protection.
- Developing communications and interoperability protocols and solutions with the BZPP site.
- Developing or enhancing radiological and nuclear alarm resolution reachback relationships across local, State, and Federal partners.
- Developing or updating resource inventory assets in accordance to typed resource definitions issued by the NIMS Integration Center (NIC).
- Designing State and local geospatial data systems.

Developing related terrorism prevention and protection programs including:

- Planning to enhance preventive detection capabilities, security, and population evacuation in the vicinity of specified CI/KR during heightened alerts and terrorist incidents and/or to support mitigation efforts.
- Multi-discipline preparation and integration across the homeland security community.
- Developing or enhancing radiological and nuclear alarm resolution protocols and procedures.
- Developing and planning for information/intelligence sharing groups and/or fusion centers.
- Acquiring systems allowing connectivity to Federal data networks, such as the National Crime Information Center (NCIC) and Integrated Automated Fingerprint Identification System (IAFIS), as appropriate.

Developing and enhancing plans and protocols, limited to:

- Developing or enhancing EOPs and operating procedures.
- Developing terrorism prevention/deterrence plans.
- Developing or enhancing cyber security plans.
- Developing or enhancing cyber risk mitigation plans.
- Developing public/private sector partnership emergency response, assessment, and resource sharing plans.
- Developing or updating local or regional communications plans.
- Developing plans to support and assist special needs jurisdictions, such as port authorities and rail and mass transit agencies.
- Developing and/or updating plans and protocols to support evacuation planning efforts.

The VRPP must clearly show how any funds identified for planning activities support the implementation of prevention and protection capabilities of the responsible jurisdiction, as they are related to the identified CI/KR site(s).

PROTECTED CRITICAL INFRASTRUCTURE INFORMATION

| ACTIVITY | DETAILED JUSTIFICATION FOR PROPOSED PLANNING ACTIVITY | TOTAL COST | REQUESTING AGENCY | ARE FUNDS FROM OTHER FEDERAL, STATE, OR LOCAL SOURCES OR GRANT PROGRAMS BEING LEVERAGED FOR THIS ACTIVITY? IF SO, IDENTIFY THE SOURCE (E.G., HSGP, TRANSIT SECURITY GRANT PROGRAM (TSGP), ETC.). |
|-----------------|--|-------------------|--------------------------|---|
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9.2 Equipment Shortfalls

*** NOTE: The equipment identified in Section 9 is intended to be a comprehensive list of all equipment needed by the responsible jurisdictions to mitigate vulnerabilities associated with the site and its buffer zone and/or to address agency-specific capability gaps. The list generated may include items that are not eligible for purchase under the FY08 BZPP. The total value of equipment listed may exceed the amount of available FY08 BZPP funding. Responsible jurisdictions are encouraged to leverage resources that may be available under other homeland security grant programs to fund needed enhancements.**

| ITEM (INCLUDING QUANTITY) | DETAILED JUSTIFICATION FOR PROPOSED USE OF EQUIPMENT (SITE-SPECIFIC THREAT/VULNERABILITY MITIGATION OR AGENCY GAP) | TOTAL COST | REQUESTING AGENCY | ARE FUNDS FROM OTHER FEDERAL, STATE, OR LOCAL SOURCES OR GRANT PROGRAMS BEING LEVERAGED FOR THIS EQUIPMENT NEED? IF SO, IDENTIFY THE SOURCE (E.G., HSGP, TSGP, ETC.). |
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9.3 Training Shortfalls

*** NOTE: Training identified and listed in this section should focus on strengthening anti-terrorism efforts by means of enhancing prevention and protection capabilities for appropriate designated jurisdictions. Inclusion of training needs and priorities in the BZP enables State and local jurisdictions to gain a full perspective of needed training and capability gaps relevant to a particular jurisdiction or CI/KR site. Funding from other DHS grant programs *may* be available to support the design and delivery of and/or attendance at necessary training. Identification of training shortfalls also alerts DHS to areas where future additional training may need to be developed and/or made available.**

| TRAINING | DETAILED JUSTIFICATION FOR REQUESTED TRAINING | REQUESTING AGENCY | ARE FUNDS FROM OTHER FEDERAL, STATE, OR LOCAL SOURCES OR GRANT PROGRAMS BEING LEVERAGED FOR THIS EQUIPMENT NEED? IF SO, IDENTIFY THE SOURCE (E.G., HSGP, TSGP, ETC.). |
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9.4 Exercises

*** NOTE: Exercise funding is available through a variety of DHS grant programs, including the HSGP. Exercise scenarios may be threat- or performance-based. Those needs identified in this section should relate to:**

- Prevention of and protection against terrorist attacks, including physical security activities and the sharing of intelligence and information;**
- Reduction of vulnerability to terrorism;**
- Minimizing the damage of terrorist attacks;**
- Enhancing the ability to respond to terrorist attacks; and/or**
- Providing a snapshot of the ability and preparedness level of State and local officials to deal with terrorist attacks.**

| ACTIVITY | DETAILED JUSTIFICATION FOR REQUESTED ACTIVITY | REQUESTING AGENCY | ARE FUNDS FROM OTHER FEDERAL, STATE, OR LOCAL SOURCES OR GRANT PROGRAMS BEING LEVERAGED FOR THIS EQUIPMENT NEED? IF SO, IDENTIFY THE SOURCE (E.G., HSGP, TSGP, ETC.). |
|----------|---|-------------------|---|
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10.0 IDENTIFICATION OF COLLATERAL BENEFICIARIES

10.1 Critical Infrastructure Sites (CI/KR Additions and/or Recommended Nominations)

The following sites, although not listed in the National Asset Database (NADB), have been identified by State or local officials as critical infrastructure in the same jurisdiction as the subject BZPP site that will also benefit from activities and equipment purchases requested in Section 9.

*** NOTE: The inclusion of these locally identified sites allows State or local jurisdictions to add infrastructure considered regionally critical. This listing may be used to feed the NADB as appropriate.**

| FACILITY NAME | SECTOR | SEGMENT | ATTRIBUTE | ZIP CODE |
|---------------|--------|---------|-----------|----------|
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11.0 INFORMATION ON BZP PREPARATION

11.1 BZP Preparer Contact Information

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|---|--|
| Name and Title of BZP Preparer(s): | |
| Agency Name: | |
| Address: | |
| Phone: | |
| FAX: | |
| E-Mail: | |

11.2 DHS Technical Assistance

Did representatives from DHS provided technical assistance in the evaluation of threats and vulnerabilities of this CI/KR site and the corresponding development of this plan?

- No
 Yes

If yes, submit contact information for individuals involved who assisted in this BZP's development.

| | |
|---------------------|--|
| Name(s): | |
| Agency Name: | |
| Address: | |
| Phone: | |
| FAX: | |
| E-Mail: | |

11.3 Facility Officials Participating in Site Visit/Plan Development

The following site representatives were interviewed for and/or otherwise participated in the development of this plan.

| NAME | TITLE | PHONE | E-MAIL |
|------|-------|-------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

11.4 Supporting Security Assessments, Emergency Plans and Directives, and Related Documents

The following documents and/or information sources—including pertinent security plans, emergency response plans, SOPs, continuity of operations plans, and vulnerability assessments—were used in the development of this BZP:

| SECURITY DOCUMENT | SOURCE |
|-------------------|--------|
| | |
| | |
| | |
| | |
| | |

FOR DHS USE ONLY

| | | |
|------------------------------|---|-------------------|
| IP/PSCD APPROVAL: | NAME/TITLE: | / |
| | PHONE NUMBER & E-MAIL ADDRESS: | Phone: E-mail: |
| | DATE: | (dd/mm/yyyy) |

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