

Instructions for Completion of TSA Form 1603, Highway and Motor Carrier CSR

Complete all information on the front of the CSR Form. Be sure to include the names and contact information for those in the review as well as the names and contact information for those conducting the review. If additional space is needed, use the Continuation Sheet at the end of the document.

All stakeholder responses to each protocol question must receive a "YES" or "NO". Any questions that are not applicable mark the box with a "NO" response. Add any supporting information in the Comment boxes.

NOTE: The CSR Form is to be completed by the individual(s) conducting the review. This form is not to be given to the stakeholder and/or completed as a self-assessment, unless directed otherwise by HMC management. Please note: When filled, the form contains Sensitive Security Information (SSI).

All forms must be password-protected upon completion. Standard passwords will be assigned during each review.

Instructions For Forwarding CSR Form to TSA HQ**TSA HQ Transportation Security Specialists**

Completed forms are to be saved on the S-Drive under the Corporate Security Review folder. Create a new folder for each stakeholder along with any electronic files supplied by the stakeholder.

TSA TSI-S Field Personnel

Forms are to be completed on the Alion System and submitted to the AFSD-I who will then forward the CSRs to the TSA HQ. Once the reports have been reviewed for quality control, completed reports will be sent to the TSA HMC Office via highwaycsr@dhs.gov. HMC will then save reports to the S-Drive. Any electronic files, such as security plans, supplied by the stakeholder should be included with the submission of the CSR Protocol Form. Any hard-copied documents provided should be kept at the local field office and protected under SSI guidelines.

State Departments of Transportation Auditors and Compliance Officers

Completed CSR forms are to be emailed to highwaycsr@dhs.gov. In the subject line of the email, list the state where the review was performed. Include any electronic files, such as security plans, supplied by the stakeholder. Any hard-copied documents should be kept at the local office and protected under SSI guidelines (see SSI Basic Training in curriculum). For any reason, a CSR Protocol Form cannot be sent electronically to the above email address, mail the form to: TSA HMC Office, 601 South 12th Street, Arlington, VA 20598-6028. Include an SSI coversheet over the document.

Paperwork Reduction Act Statement:

Interview Form - General Security

This form is designed to gather information to establish the current state of security practices for highway modes of transportation. The results of this form will be used by the Transportation Security Administration in making policy and programmatic decisions to improve overall security within the surface transportation system. It is estimated that the total average burden per response associated with this questionnaire is approximately 2 to 3 hours. Please send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Washington, DC 20530-0001, Office of Management and Budget, Paperwork Project Director (0304-0001).

to: TSA-11, Attention: PRA 1652-0036, 601 South 12th Street, Arlington, VA 20598. An agency may not conduct or sponsor, and persons may not respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number assigned to this collection of information is 1562-0063, which expires 31/07/2011.

General Information	1. Interviewee USDOT#	2. CSR Date Performed			
	3. Organization Name		<input type="checkbox"/> Site	<input type="checkbox"/> Corporate	
	4. Transportation Mode		5. Type of Organization		
	<input type="checkbox"/> Motor Carrier	<input type="checkbox"/> Motorcoach	<input type="checkbox"/> School Bus	<input type="checkbox"/> HAZMAT Carrier	<input type="checkbox"/> Private <input type="checkbox"/> Public
6. Number Of Employees (Including Drivers)					

Address	Physical			Mailing			<input type="checkbox"/> Same as Physical
	7. Address 1			12. Address 1			
	8. Address 2			13. Address 2			
	9. City	10. State	11. Zip Code	14. City	15. State	16. Zip Code	

Security Coordinator Contact Information	17. Primary Security Coordinator Name						
	18. Office	19. Cell	20. Fax	21. Email			
	22. Alternate Security Coordinator Name						
	23. Office	24. Cell	25. Fax	26. Email			
	27. 24/7 Emergency Operations Number						

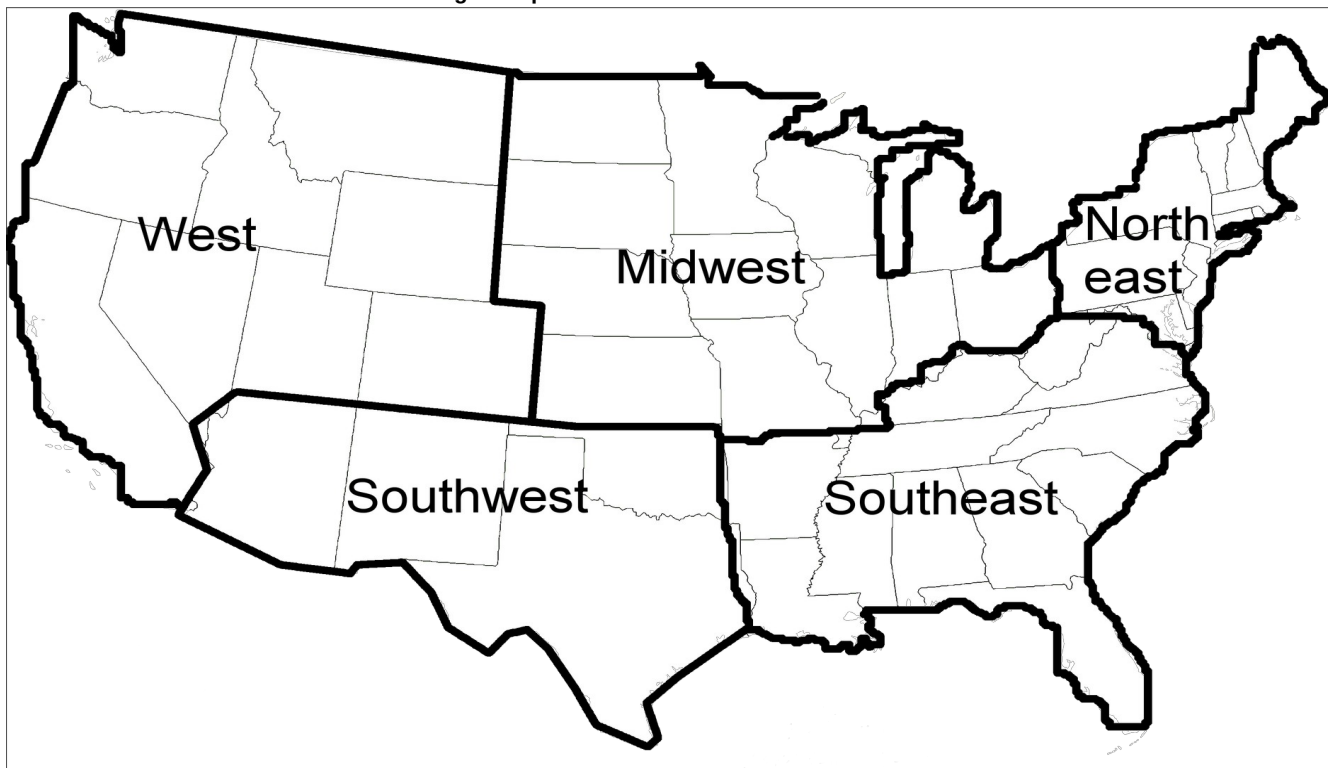
Interview Participants	28. Name			29. Title			
	30. Phone			31. Email			
	32. Name			33. Title			
	34. Phone			35. Email			
	36. Name			37. Title			
	38. Phone			39. Email			

Interview Team	40. Name			41. Role <input type="checkbox"/> Report Author			
	42. Organization			43. E-mail			
	44. Name			45. Role <input type="checkbox"/> Report Author			
	46. Organization			47. E-mail			
	48. Name			49. Role <input type="checkbox"/> Report Author			
	50. Organization			51. E-mail			

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Range of Operations & Critical Assets



52. Range of Operations	
<input type="checkbox"/>	Northeast
<input type="checkbox"/>	Southeast
<input type="checkbox"/>	Midwest
<input type="checkbox"/>	Southwest
<input type="checkbox"/>	West
<input type="checkbox"/>	Canada
<input type="checkbox"/>	Mexico
<input type="checkbox"/>	Other (please specify):

53. Motor Carrier Critical Assets	
Vehicles (Owned)	█
Vehicles (Contracted)	█
Employee Drivers	█
Contracted Drivers	█
Transfer facilities	█
Yards	█
Maintenance facilities	█
Data centers	█

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SECTION 1 - MANAGEMENT AND OVERSIGHT OF THE SECURITY PLAN

Yes/No

1 Does your organization have a written security plan?

A) What elements does your security plan encompass?

- Response Plan
- Emergency Plan
- Disaster Recovery Plan
- Other: _____

B) At what organizational level?

- Corporate
- Site

C) Does your organization review and update its security plan?

If so, how often?

- Monthly
- Quarterly
- Annually
- Every 3 Years
- Every 5 Years
- As needed
- Other: _____

D) Does your organization/site limit access to the security plan to employees with a need-to-know?

E) Does your organization require employees with access to the security plan to sign a non-disclosure agreement?

Comments:

2 Does your organization designate a security coordinator?

A) Are the security coordinator's duties documented?

Comments:

3 Does your organization maintain an up to date list of key company security personnel contact information?

Comments:

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SECTION 1 - MANAGEMENT AND OVERSIGHT OF THE SECURITY PLAN (CONT'D)

	Yes/No
<p>4 Does your organization have a 24/7 emergency response/operations number?</p> <p>Comments:</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>	<div style="background-color: yellow; width: 50px; height: 20px; margin: 0 auto;"></div>
<p>5 Does your organization have federal points of contact to notify in the event of a security incident?</p> <p>Comments:</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>	<div style="background-color: yellow; width: 50px; height: 20px; margin: 0 auto;"></div>
<p>6 Does your organization exchange unclassified security-related information with industry peers?</p> <p>Comments:</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>	<div style="background-color: yellow; width: 50px; height: 20px; margin: 0 auto;"></div>

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SECTION 2 - THREAT ASSESSMENT

	Yes/No
1 Does your organization monitor external sources for threat information?	<input type="checkbox"/>
A) If so, what sources?	
<input type="checkbox"/> Federal Bureau of Investigation (FBI)	
<input type="checkbox"/> National Terrorism Advisory System (NTAS)	
<input type="checkbox"/> Law Enforcement Officer (LEO)	
<input type="checkbox"/> News	
<input type="checkbox"/> TSA/DHS threat-specific information	
<input type="checkbox"/> Other: _____	

B) Does your organization require employees with access to threat information to sign a non-disclosure agreement?	<input type="checkbox"/>
-------------------------------------------------------------------------------------------------------------------	--------------------------

Comments:

2 Does your organization have a procedure for distributing threat information?	<input type="checkbox"/>
A) If so, is the procedure is documented?	<input type="checkbox"/>

Comments:

3 Does your organization have plans in place to respond to a NTAS Alert?	<input type="checkbox"/>
--------------------------------------------------------------------------	--------------------------

Comments:

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SECTION 3 - CRITICALITY ASSESSMENT

1 Does your organization define and list critical assets? Yes/No

A) If so, where?

In the security plan

Other: _____

B) Does your organization require employees with access to the list of critical assets to sign a non-disclosure agreement? Yes/No

Comments:

2 Does your organization use a standard for determining criticality? Yes/No

A) If so, which standard: _____

Comments:

3 Does the criticality assessment affect the allocation of security resources? Yes/No

A) Is the allocation of security resources specified in the security plan? Yes/No

Comments:

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SECTION 4 - VULNERABILITY ASSESSMENT

	<u>Yes/No</u>
1 Does your organization conduct vulnerability assessments?	<input type="checkbox"/>
A) If so, where is the process documented? <input type="checkbox"/> In the security plan <input type="checkbox"/> Other: _____	
B) Does your organization require employees with access to the results of vulnerability assessments to sign a non-disclosure agreement?	<input type="checkbox"/>
C) Are these assessments conducted with the help of outside sources? <input type="checkbox"/> Federal/state officials <input type="checkbox"/> Facility owner/operator <input type="checkbox"/> Contractors <input type="checkbox"/> Industry experts <input type="checkbox"/> Other: _____	<input type="checkbox"/>
D) Does your organization use a standard to assess vulnerability?	<input type="checkbox"/>
E) Do your organization's vulnerability assessments recommend corrective actions?	<input type="checkbox"/>
F) Does your organization implement the security measures recommended by its vulnerability assessments?	<input type="checkbox"/>

Comments:

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SECTION 5 - PERSONNEL SECURITY

1 Does your organization conduct background checks? **Yes/No**

	Drivers	Non-Drivers	Management	Contractors
Driving Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

2 Does your organization have criteria for disqualification for employment based on driving/criminal/employment history checks? Yes/No

Comments:

3 Does your organization have a redress process for applicants disqualified for employment based on driving/criminal/employment history checks? Yes/No

Comments:

4 Does your organization provide identification cards to employees? What type? Yes/No

- A) If so, what technologies do the identification cards incorporate?
- Photo
 - RFID/Proximity
 - Biometric
 - Other: _____

B) Does your organization require employees to display identification cards while on duty? Yes/No

C) Does your organization issue identification cards to contractor personnel? Yes/No

Comments:

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SECTION 6 - TRAINING

Yes/No

1 Does your organization conduct security training for new employees?

A) If so, what type?

- Security awareness training
- Security plan training

Comments:

2 Does your organization conduct security training for current employees?

A) If so, when?

- Annually
- Every 1-3 Years
- More than 3 years
- Change of job
- Other: _____

Comments:

3 Does your organization conduct security training based on a formal curriculum?

A) If so, which?

- Security Awareness Training CD (DoT)
- Domain Awareness Training
- School Transportation Security Awareness (TSA)
- Secure Transport (TSA)
- Security Self Assessment CD (TSA)
- Other: _____

Comments:

4 Are your organization's drivers members of a domain awareness program?

Comments:

5 Does your organization maintain employee security training records?

Comments:

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SECTION 7 - PHYSICAL SECURITY COUNTER-MEASURES

	Yes/No
1 Do your organization's facilities have physical security barriers?	<input type="checkbox"/>
A) If so, what type?	
<input type="checkbox"/> Fencing	
<input type="checkbox"/> Locking Gates	
<input type="checkbox"/> Keypad/PIN	
<input type="checkbox"/> Jersey Wall	
<input type="checkbox"/> Bollards	
<input type="checkbox"/> Other: _____	

Comments:

	<input type="checkbox"/>
2 Do your organization's facilities have intrusion detection systems? What type?	
A) If so, what type?	
<input type="checkbox"/> Door/Window Detectors	
<input type="checkbox"/> Motion Detectors	
<input type="checkbox"/> Siren	
<input type="checkbox"/> Silent Alarm	
<input type="checkbox"/> Other: _____	

Comments:

	<input type="checkbox"/>
3 Do your organization's facilities have security cameras?	
A) Do the security cameras pan/tilt/zoom?	
B) How are the security camera feeds monitored?	
<input type="checkbox"/> 24/7	
<input type="checkbox"/> During business hours	
<input type="checkbox"/> Cameras are not monitored	

Comments:

	<input type="checkbox"/>
4 Does your organization have a key control program?	
A) If so, what kind?	
<input type="checkbox"/> Facility key control program	
<input type="checkbox"/> Vehicle key control program	

Comments:

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SECTION 7 - PHYSICAL SECURITY COUNTER-MEASURES (CONT'D)

	Yes/No
5 Do your organization's facilities have security guards?	<input type="checkbox"/>
A) Are the security guards armed?	<input type="checkbox"/>
B) Do the security guards patrol the facility?	<input type="checkbox"/>
C) Does local law enforcement patrol your organizations facility?	<input type="checkbox"/>
D) When are the security guards on duty?	
<input type="checkbox"/> 24/7	
<input type="checkbox"/> Business hours	
<input type="checkbox"/> Non-business hours	

Comments:

6 Do your organization's facilities have designated secure areas?	<input type="checkbox"/>
A) If so, what kind?	
<input type="checkbox"/> Dispatch	<input type="checkbox"/> Financial
<input type="checkbox"/> IT/computer room	<input type="checkbox"/> Loading dock
<input type="checkbox"/> Admin offices	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Storage tanks
<input type="checkbox"/> Other: _____	
B) What security measures does your organization use to protect secure areas?	
<input type="checkbox"/> Keys	<input type="checkbox"/> Keypad/PIN
<input type="checkbox"/> ID cards	<input type="checkbox"/> Guards
<input type="checkbox"/> Other: _____	

Comments:

7 Does your organization record access to secure areas?	<input type="checkbox"/>
A) If so, whose access to secure areas is recorded?	
<input type="checkbox"/> Employee access	
<input type="checkbox"/> Contractor access	
B) Are the access records to secure areas periodically reviewed?	<input type="checkbox"/>

Comments:

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SECTION 8 - EN ROUTE SECURITY

1 Does your organization require drivers to conduct pre- and post-trip security inspections? Yes/No

A) If so, what type(s)?

- Vehicle
 Cargo

Comments:

2 Does your organization use vehicle or trailer tracking technology? Yes/No

A) If so, what vendor's?

B) What type of tracking system(s) does your organization use?

- Vehicle tracking Satellite tracking
 Trailer tracking Terrestrial tracking

Comments:

3 Does your organization require that drivers verify that their loads match the cargo manifest? Yes/No

Comments:

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SECTION 9 - INFORMATION TECHNOLOGY SECURITY

1 Does your organization have a written IT security plan? Yes/No

A) If so, where is it located?

- Included in the overall security plan
- Separate document from overall security plan

Comments:

2 Does your organization identify an information technology security officer? Yes/No

Comments:

3 Does your organization take measures to prevent unauthorized access to IT systems (e.g., routing, cargo manifest data, tracking systems)? Yes/No

A) If so, what measures?

- Username and password required for log in
- Multiple levels of user permission
- Firewall or other IT security hardware
- Other: _____

Comments:

4 Does your organization conduct system penetration tests? Yes/No

A) If so, what type?

- External penetration of network/servers
- Internal access to unauthorized data

Comments:

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SECTION 9 - INFORMATION TECHNOLOGY SECURITY (CONT'D)

5 Does your organization have measures in place to ensure continuity of operations (including security) during a power/connectivity/facility outage? []

A) If so, what measures?

-
-
-

Data back-up
Back-up control center
Other: _____

-
-

Uninterruptible power supply
Remote access

Comments:

SECTION 10 - SECURITY EXERCISES/DRILLS

1 Does your organization conduct security exercises/drills? Yes/No
[]

A) If so, how often?

-
-
-
-
-

Monthly
Quarterly
Every 6 months
Annually
Other: _____

Comments:

2 Does your organization include external personnel or agencies (e.g., law enforcement/first responders) when conducting security exercises/drills? []

Comments:

3 Does your organization maintain written documentation of the results/lessons learned from security exercises/drills? []

Comments:

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CONTINUATION SHEET

COMMENTS: *(To begin a new line of text press ALT & Enter keys at the same time.)*

Where do you, as an industry feel vulnerable?

What concerns do you have?

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DOCUMENTS SECURED

(Security Sensitive Materials) * Should be marked as such

COMMENTS: (To begin a new line of text press ALT & Enter keys at the same time.)

	Date	Initials
<input type="checkbox"/> Security Plan	_____	_____
<input type="checkbox"/> Vulnerability Assessments	_____	_____
<input type="checkbox"/> Critical Asset List	_____	_____
<input type="checkbox"/> Emergency Operations Plan	_____	_____
<input type="checkbox"/> Disaster Recovery Plan	_____	_____
<input type="checkbox"/> System Maps	_____	_____
<input type="checkbox"/> Organizational Chart	_____	_____
<input type="checkbox"/> Training Curriculum	_____	_____
<input type="checkbox"/> Track Charts	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Paperwork Reduction Act Statement: This form is designed to gather information to establish the current state of security practices for highway modes of transportation. The results will be used to assist the Transportation Security Administration in making policy and programmatic decisions to improve overall security within the surface transportation community. It is estimated that the total average burden per response associated with this questionnaire is approximately 2 to 3 hours. Please send comments regarding this burden estimate or any other aspect of this collection to: TSA-11, Attention: PRA 1652-0036, 601 South 12th Street, Arlington, VA 20598. An agency may not conduct or sponsor, and persons are not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number assigned to this collection is 1652-0036 which expires 07/31/2011.

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