Request No



U.S. Department of Agriculture 1400 Independence Avenue, SW Washington, DC 20250

SITE INSPECTION CHECKLIST

NASS Representative:				
	Researcher Name:			
Researcher Org:				
	Phone Number:			
A NA		perform a virtual site inspection of the rem form to the REE-NASS-PhysicalSecurity@us		
	jorni. Forward completed	form to the <u>NEE-WASS-Finystedisecurity@us</u>	da.gov joi review und	α αρριοναί.
	WORKPI	ACE DESCRIPTION/ PHYSICAL SECURITY/CO	NEIDENTIALITY	
1	Home or Office?	THE DESCRIPTION THOUSENESS OF THE SECOND THE	☐ Home	☐ Office
	a. Floor and room n	umber		
2	Free from "high traffic?"		☐ YES	□ NO
3	Isolated from public area	s within the building?	☐ YES	□ NO
4	Accessible by authorized individuals only?		☐ YES	□ NO
5	Located inside a lockable room?		☐ YES	□ NO
6	Monitor is not visible from windows or doors?		☐ YES	□ NO
7	Researcher has signed NASS ADM-043.		☐ YES	□ NO
8	Researcher is aware that screen sharing, screen			
				□NO
	data replication is prohibited.			
MACHINE INFORMATION				
9	Manufacturer			
10	Model Number			
11	Serial Number			
12	IP Address (IPv4)			
NASS Representative Signature and Date				
FOR NASS SECURITY STAFF USE ONLY				
Approved: Yes No NASS Security Staff Signature and Date:				

Sensitive But Unclassified (SBU) Information Disseminate only on a Need to Know Basis

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