



SITE INSPECTION CHECKLIST

Request No _____

NASS Representative: _____

Researcher Name: _____

Researcher Org: _____

Address: _____

Phone Number: _____

A NASS authorized representative must perform a virtual site inspection of the remote data access point workplace to complete form. Forward completed form to the REE-NASS-PhysicalSecurity@usda.gov for review and approval.

WORKPLACE DESCRIPTION/ PHYSICAL SECURITY/CONFIDENTIALITY		
1	Home or Office?	<input type="checkbox"/> Home <input type="checkbox"/> Office
	a. Floor and room number	
2	Free from "high traffic?"	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Isolated from public areas within the building?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Accessible by authorized individuals only?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5	Located inside a lockable room?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Monitor is not visible from windows or doors?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7	Researcher has signed NASS ADM-043.	<input type="checkbox"/> YES <input type="checkbox"/> NO
8	Researcher is aware that screen sharing, screen capture, printing, photography, or any other form of data replication is prohibited.	<input type="checkbox"/> YES <input type="checkbox"/> NO

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