

SITE INSPECTION CHECKLIST

Request No _____

ERS Representative: _____
 Researcher Name: _____
 Researcher Org: _____
 Address: _____

 Phone Number: _____

An ERS authorized representative must perform a virtual site inspection of the remote data access point workplace to complete form. Forward completed form to the SM.ERS.DCO@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 ERS Confidentiality Agreement.	<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)	

ERS Representative Signature and Date

FOR ERS SECURITY STAFF USE ONLY		
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	ERS Security Staff Signature and Date:	

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

The information you provide will be used for statistical purposes only. Your responses will be kept confidential and any person who willfully discloses ANY identifiable information about you or your operation is subject to a jail term, a fine, or both. This survey is conducted in accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws. Response is voluntary.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB number is 0536-xxxx. The time required to complete this information collection is estimated to average 30 minutes per project, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.