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 control number for this information collection is 0579-XXXX. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected. Send comments regarding this burden statement or any other aspect of this information collection, including suggestions for reducing this burden, to APHIS.PRA@usda.gov.	OMB Approved 0579-XXXX EXP: XX/20XX
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES NATIONAL ANIMAL HEALTH MONITORING SYSTEM 2150 CENTRE AVE, BLDG B FORT COLLINS, CO 80526	**NAHMS SITE INSPECTION CHECKLIST**

Printed Name: _____

Organization: _____ **Phone:** _____

Email: _____ **Date:** _____

Instructions: Complete the field with the requested information or mark each security question as appropriate. Any "NO" response requires a comment.

Workplace Description	
Is the workplace in a home or an office?	☐ Home ☐ Office
Location within the building (floor number, room number, etc.)	
Physical Security	
Workplace is not located in a "high traffic" area.	☐ Yes ☐ No Comments:
Workplace is isolated from public areas within the building.	☐ Yes ☐ No Comments:
Workplace is only accessible by authorized individuals.	☐ Yes ☐ No Comments:
Workplace is located inside a lockable room.	☐ Yes ☐ No Comments:
Computer monitor is not readily visible from external facing windows or doors.	☐ Yes ☐ No Comments:
Confidentiality	
The applicant is aware that any form of screen capture, such as screen prints, taking pictures, or otherwise transferring data from the enclave in any way other than the approved export process is prohibited.	☐ Yes ☐ No Comments:
Machine Information	
Manufacturer	
Model number	
Serial number	
IP address	

NAHMS Inspector Printed Name: _____ **Signature:** _____