

Select Unclassified unless required by
contract or security classification guide

OPEN STORAGE AREA OR VAULT APPROVAL CHECKLIST

The public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

SELECT APPROVAL AREA TYPE, REASON FOR REQUEST, AND APPROVAL ACTION TYPE

Area Being Approved: ☐ Open Storage Area ☐ Vault (FED-STD 832 Construction Methods Apply)

Reason for Request: ☐ New area or area under construction ☐ Approved Closed Area update to Open Storage Area ☐ A Change to an Approved Open Storage Area

Approval Action: ☐ Interim Approval ☐ Final Approval
Refer to Section F for final approval status

List of Sections:

Section A: Facility General Information

Section B: Security-in-Depth

Section C: Open Storage Area or Vault Security

Section D: Open Storage Area or Vault Doors Section

Section E: Intrusion Detection System (IDS)

Section F: Acknowledgments and Approval Signatures

Check and attach the following documents that apply to the Open Storage Area or Vault:

- ☐ DD Form 254
- ☐ Security In Depth (SID) Plan & Approval Letter
- ☐ UL 2050 Certificate
- ☐ Alarm Description Worksheet
- ☐ Standard Practice Procedures (SPP) for protecting classified information in the Open Storage Area or Vault
- ☐ Waivers
- ☐ Floor Plan (showing IDS, doors/windows, HVAC duct work map, and controls associated with layers of security)

Section A: Facility General Information

Describe how the Open Storage Area or Vault (OSA/Vault) will be utilized to support classified work:

1. OSA/Vault

Facility/Company Name:

CAGE Code:

FCL Level:

Safeguarding Level:

Prime Contract # (Required):

Subcontract # (if applicable):

2. Facility Location

Physical Address:

City:

State:

Zip Code:

Building Number or Name:

Room #:

Floor:

3. Mailing Address (if different from physical location)

Street or Post Office Box:

City:

State:

Zip Code:

4. Responsible Facility Security Officer

	PRIMARY	ALTERNATE
Name:		
Commercial Phone:		
DSN Phone:		
Secure Phone:		
Mobile Phone:		
Secure Fax:		
Unclass Email:		
Secure Email:		
Other Email:		

5. Approval Data (Ref 32 CFR, Part 2001.53)

a. Indicate storage type:	X Open Storage Area		X Vault	
b. Indicate the facility type:	X Permanent	X Mobile	X Special Purpose Chamber	
c. Level of Classified to be Stored:	X Top Secret		X Secret	X Confidential
d. Any Co-Use Agreements (<i>answer for informational purposes only</i>)?			X Yes	X No
e. Any other agencies or contractors operating within the OSA/Vault?			X Yes	X No
<i>If yes, identify classification level (check all that apply)</i>		X Top Secret	X Secret	Confidential
f. Duty Hours:		Days Per Week:		

g. Total square footage of the OSA/Vault:		
h. Does the facility have any approved waivers? <i>If so, attach a copy.</i>	X Yes	X No
6. Construction/Modifications in Progress		
Is the facility under construction or are modifications being made?	X Yes	X No
<i>If Yes, enter the expected completion date.</i>		

Any needed clarifications to any response may be made in Final Comments of Section E.

Section B: Security-in-Depth (SID)		
1. Answer the questions in this section to describe your Security-In-Depth (See NISPOM Definition)		
a. Does the OSA/Vault occupy an entire building?	X Yes	X No
b. Does the OSA/Vault occupy a single floor or room of the building?	X Yes	X No
c. Does the OSA/Vault occupy a secluded (<i>i.e.</i> , sheltered, isolated, or private) area of the building?	X Yes	X No
d. Is the OSA/Vault located on a fenced compound with access-controlled vehicle gate and/or pedestrian gate?	X Yes	X No
e. Fence Type X Check if not applicable		
1) Height:		
2) Does it surround the compound?	X Yes	X No
3) How is it controlled?		
4) How many gates (vehicle & pedestrian)?		
5) Hours of usage:		
6) How are they controlled when not in use?		
7) Is the fence alarmed?	X Yes	X No
f. Exterior Lighting Type X Check if not applicable		
1) Fence Lighting:		
2) Building Lighting:		
g. Is there external CCTV coverage? <i>If yes, attach a coverage description map.</i>	X Yes	X No
2. Describe Building Security (Please provide legible general floor plan of the OSA/Vault perimeter)		
a. Is the OSA/Vault located in a controlled building with its own access controls (<i>i.e.</i> , card-activated elevators, card-activated parking)?	X Yes	X No
b. Are alarm activations reported to the OSA/Vault owner?	X Yes	X No
c. Is Building Access Control continuous?	X Yes	X No
If No, during what hours?		
d. Does the building security use guards?	X Yes	X No
1) Do they respond to OSA/Vault alarms?	X Yes	X No
2) During what hours/days are guards on site?		

3. Describe Building Interior Security			
a. Does your company control all areas adjoining the perimeter wall?	X Yes	X No	
b. Does your company employ Foreign Nationals in those adjoining areas?	X Yes	X No	
c. Are the uncontrolled adjoining areas occupied by a U.S. company?	X Yes	X No	
d. Are the uncontrolled adjoining areas occupied by a foreign-owned company?	X Yes	X No	
<i>If so, provide the name of the company:</i>			

Any needed clarifications to any response may be made in Final Comments of Section E.

Section C: Open Storage Area or Vault Security Measures			
1. How is access to the Open Storage Area or Vault (OSA/Vault) controlled during working hours?			
a. By cleared employees?	X Yes	X No	
b. By assigned cleared contractor personnel?	X Yes	X No	
c. By a cleared guard force?	X Yes	X No	
If Yes, do they maintain eligibility at the appropriate classification level?	X Yes	X No	
d. By access controls?	X Yes	X No	
If Yes, what kind?	X Access Card	X PIN Pad	X Both
2. Does the OSA/Vault have windows?	X Yes	X No	
a. How many windows are in the perimeter wall?			
b. Are they within 18 feet of the ground?	X Yes	X No	
c. Are they permanently secured from opening?	X Yes	X No	
d. Are they protected against visual surveillance?	X Yes	X No	
3. Do HVAC ducts penetrate the OSA/Vault perimeter?	X Yes	X No	
<i>(Indicate all duct penetrations and their size on a separate floor plan as an attachment)</i>			
a. Does any HVAC duct or vent over 96 square inches (and over 6 inches in its smallest dimension) penetrate the perimeter wall?	X Yes	X No	
b. How many ducts are over 96 square inches?			
c. How are they protected?	X Bars	X Metal Grills	X Metal Sound Baffles
			X IDS Devices
d. Are inspection ports installed?	X Yes	X No	
If Yes, are they within the OSA/Vault perimeter or are they outside the perimeter and secured with a GSA-approved lock?	X Yes	X No	
4. Construction Physical Characteristics:			
a. Is the wall, floor, and ceiling permanently constructed and attached to visually detect unauthorized entry?	X Yes	X No	
b. Is there a false ceiling? (Per NISPOM 117.15(c) must ensure structural integrity.)	X Yes	X No	
If yes, what is the type of ceiling material?			
c. Is there a raised floor? (Per NISPOM 117.15(c) must ensure structural integrity.)	X Yes	X No	
If yes, what is the type of false flooring?			

Any needed clarifications to any response may be made in Final Comments of Section E.

Section D: Open Storage Area or Vault Doors

1. Door type definitions referenced in this section:

- a. **Primary door:** An Open Storage Area or Vault (OSA/Vault) perimeter door recognized as the main entrance.
- b. **Secondary door:** An OSA/Vault perimeter door for entry/egress that is not the Primary door or an Emergency Egress-only door.

2. Is the Primary door equipped with the following?

- | | | |
|--|-------|------|
| a. Is it constructed of wood, metal, or other solid material? (<i>Reference 32 CFR Part 2001.53(b)</i>) | X Yes | X No |
| b. Is a built-in three-position GSA-approved combination lock installed? | X Yes | X No |
| c. Is an approved access control device installed?
Examples: Card reader, Card and PIN reader, biometrics | X Yes | X No |
| d. Is a GSA lock with a by-pass key installed? Is yes, describe key storage in Section E | X Yes | X No |

3. Secondary Door Criteria

- Secondary doors may be established with DCSA approval and as required by building code, safety, and accessibility requirements.
- | | | |
|---|-------|------|
| Does the OSA/Vault have any secondary doors? | X Yes | X No |
| a. Does the OSA/Vault have any secondary entry/egress doors? | X Yes | X No |
| 1) If Yes, how many? | | |
| 2) Are built-in three-position GSA-approved combination locks installed? | X Yes | X No |
| 3) Are approved access control devices installed as supplemental protection? | X Yes | X No |
| b. Does the OSA/Vault have any Emergency Egress-only doors? | X Yes | X No |
| 1) If Yes, how many? | | |
| 2) Are GSA-approved emergency egress locks installed? | X Yes | X No |
| 3) Are they alarmed 24/7 with a local audible annunciator that activates when the door is opened? | X Yes | X No |

Any needed clarifications to any response may be made in Final Comments of Section E.

Section E: Intrusion Detection Systems

1. IDS Installation

- | | | |
|--|---------------------|-----------|
| a. Was DCSA approval received prior to beginning IDS installation? | X Yes | X No |
| b. Does the Open Storage Area or Vault (OSA/Vault) IDS meet current UL 2050 standard or Federal Standard 832? If Yes, attach a copy of the certificate. | X Yes | X No |
| If No, are documented procedures in place for cleared employees to check the OSA/Vault at required time intervals? Attach a copy of the procedures. [The remainder of Section E does not apply.] | X Yes | X No |
| c. Is the alarm service company approved by the Nationally Recognized Testing Laboratory (NRTL)? [Verify on the UL website.] | X Yes | X No |
| d. Provide the name of the NRTL alarm service company: | | |
| Company Name: | POC (if available): | |
| City: | State: | Zip Code: |

2. IDS Equipment		
a. If all IDS equipment is not NRTL-approved, did DCSA approve its use?	X Yes	X No
b. Does the IDS protect all points of probable entry (perimeter doors and accessible windows) with magnetic contacts and motion detectors?	X Yes	X No
c. Is line security installed (<i>i.e.</i> , the connecting lines are electronically monitored to detect evidence tampering or malfunction)?	X Yes	X No
If not, does installation provide two independent means of alarm signal transmission from the alarmed area to the monitoring station?	X Yes	X No
3. IDS Monitoring Station		
a. What type of provider is conducting monitoring services:		
X Government Contractor Monitoring Station (GCMS)	X Cleared Commercial Central Station	
X Cleared Protective Signal Service Station	X Cleared Residential Monitoring Station	
X National Industrial Monitoring Station		
b. Did the station request a DD Form 254 to issue the UL 2050 certificate? <i>[Note: This a UL requirement not in the NISPOM.]</i>	X Yes	X No
c. Is a record maintained to identify the person(s) responsible for setting and deactivating at end-of-day or when the space is unoccupied?	X Yes	X No
4. Investigative Response to Alarms		
a. What type of initial response team is used to investigate alarms?		
X Proprietary Security Force	X Central Station Guards	
X Local Law Enforcement	X Subcontracted Guard Service	
X Cleared Employees per procedures approved by DCSA		
b. When used, are guards operating under a classified subcontract?	X Yes	X No
c. When used, are guards cleared only when they have the ability to access the area (<i>i.e.</i> , they hold keys or are authorized to enter the classified area)?	X Yes	X No
d. When the initial response team is uncleared, is a cleared response team in place to respond within 1 hour if damage indicates visible unauthorized entry?	X Yes	X No
e. Are procedures in place to submit an incident report to DCSA when the cleared response team fails to arrive within the 1-hour time requirement?	X Yes	X No
5. Final Comments or Clarification of Provided Information:		

Section F: Acknowledgments and Approval Signatures

Facility/Company Name:

CAGE Code:

Facility Clearance Level:

1. Contractor Acknowledgment

The physical security measures, features and description of this Open Storage Area or Vault meet NISPOM (i.e. 32 CFR Part 117) requirements. The descriptions provided to DCSA, as part of the approval process, have been verified as accurate.

Contractor Facility Security Officer or Authorized Employee Signature:

Name:

Date of Request:

Position Title:

Electronic Signature or Pen/Ink:

2. DCSA Approval of Open Storage Area or Vault

Type of Approval: ☒ Interim ☒ Interim Extension ☒ Final

Interim approvals are valid for one year unless granted an extension by DCSA. Final Approvals remain valid until rescinded, revoked, or no longer a classified contract requirement.

Signature of DCSA Representative Approving Open Storage Area or Vault:

Name:

Date of Request:

Field Office:

Position Title:

Electronic Signature or Pen/Ink:

DCSA Comments (if applicable):