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OPEN STORAGE 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.

CLASSIFY ACCORDING TO CLASSIFICATION AUTHORITY

CHECK APPLICABLE BLOCKS

Pre-construction, Complete
Sections as Required by DCSA

Update/Change to
previous Open Storage
area

Interim Open
Storage Approval

Final Open
Storage Approval

Annotate action being requested. Refer to Section F,
Acknowledgments and Approval Signatures for final
approval status

List of Contents:

Section A: Facility General Information

Section B: Security-in-Depth

Section C: Open Storage Area Security

Section D: Open Storage Area Doors

Section E: Intrusion Detection System (IDS)

Section F: Acknowledgments and Approval Signatures

Explain the reason for Open Storage Area and List of Attachments if necessary:

Section A: Facility General Information

1. Open Storage Space

Facility/Company Name:	
Organization subordinate to (if applicable):	
CAGE Code:	
FCL Level:	
Safeguarding Level:	
Prime Contract # & Expiration Date:	
Subcontract # & Expiration Date (if applicable):	
Approving Field Office:	
Approving DCSA Representative:	

2. Facility Location

Street Address:		
Lat/Long (If No Street):		/
Building Name:		
Floor(s):	Suite(s):	Room(s) #:
City:	Base/Post:	
State:	Country: United States	Zip Code:

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 Type:		
Mobile Phone:		
Secure Fax:		
Unclas Email:		
Secure Email:		
Other Email:		
Additional Remarks:		

5. Approval Data (Ref 32 CFR, Part 2001.53)			
a. Indicate storage type:	Open Storage Area	Other, Explain in Remarks	
b. Indicate the facility type:	Permanent	Temporary	Special Purpose Chamber
c. Level of Classified to be Stored:	Top Secret	Secret	Confidential
d. Co-Use Agreements (i.e. Federal IS or other occupants):	Yes		No
e. Other agencies or contractors within the Open Storage area:	Yes		No
<i>If yes, identify classification level (check all that apply)</i>			
	Top Secret	Secret	Confidential
f. Duty Hours:	Hours:	Days Per Week:	
g. Total square footage of Open Storage area:			
h. Does the facility have any approved waivers?	Yes		No
<i>If so, attach a copy to this approval checklist.</i>			
6. Construction/Modifications			
a. Is construction or modification complete?	Yes	No	N/A
If no, enter the expected completion date:			
b. Was all construction completed IAW Part 2001.53?	Yes	No	N/A
If NO, explain:			
7. Security Review Record (Provide attachment if required by DCSA or contract)			
a. Has contractor conducted a self-inspection?	Yes	No	
If yes, provide the following:			
1) Completed by:	Date:		
2) Were deficiencies corrected?	Yes	No	N/A
3) If NO, explain:			
b. Last DCSA periodic inspection/ review:			Date:
Office Name:	Inspector:		
Were deficiencies corrected?	Yes	No	N/A
If NO, explain:			

8. REMARKS:

Section B: Security-in-Depth

1. Answer the questions in this section to describe your Security-In-Depth (NISPOM Definitions)

a. Is the Open Storage area located on a military installation, other government controlled or contractor controlled space with a dedicated U.S. person response force?	Yes	No
b. Does the Open Storage area occupy an entire building:	Yes	No
c. Does the Open Storage area occupy a single floor of the building:	Yes	No
d. Does the Open Storage area occupy a secluded area of the building:	Yes	No
e. Is the Open Storage area located on a fenced compound with access controlled vehicle gate and/or pedestrian gate?	Yes	No
f. Fence Type <i>(if applicable)</i>		
1) Height:		
2) Does it surround the compound?	Yes	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?	Yes	No
If so, describe alarm system (i.e. Microwave):		
g. Exterior Lighting Type <i>(if applicable)</i> :		
1) Fence Lighting:		
2) Building Lighting:		
h. Is there external CCTV coverage?	Yes	No
If so, describe the CCTV system. <i>(include monitor/coverage locations on map)</i>		
i. Guards Response <i>(if applicable)</i>		
1) What kind of patrols are they?	Static	Roving
Clearance level of guards:	Top Secret	Secret
During what hours/ days?		
Any cleared employees used for response duties?	Yes	No
If yes, describe duties and training:		

2. Describe Building Security <i>(Please provide legible general floor plan of the Open Storage area perimeter)</i>					
a. Is the Open Storage area located in a controlled building with separate access controls, alarms, elevator controls, stairwell control, building access, etc.?			Yes	No	
If yes, are the referenced controls owned by the facility or leased?			Yes	No	
If so, is alarm activations reported to the Open Storage area owners by agreement?			Yes	No	
b. Construction Type:					
c. Windows:					
d. Doors:					
e. Describe Building Access Control: Continuous?			Yes	No	
If no, during what hours?					
f. Clearance level of guards <i>(if applicable)</i>		Top Secret	Secret	Confidential	Uncleared
1) Any Open Storage area duties?			Yes	No	
If yes, describe duties?					
2) During what hours/days?					
3. Describe Building Interior Security					
a. Are office areas adjacent to the Open Storage area controlled and alarmed?			Yes	No	
If yes, describe adjacent areas and types of alarm systems.					
b. Controlled by Open Storage area owner?			Yes	No	
If not, alarm activation reported to Open Storage owner by agreement?			Yes	No	
4. Remarks (Describe any additional security measures not addressed in this section)					
What external security attributes and/or features should DCSA consider before determining whether or not this facility has Security In-Depth? Please identify/explain all factors:					

Section C: Open Storage Area Security Measures

1. How is access to the Open Storage area controlled:			
a. By Guard Force	Yes	No	
If yes, what is their minimum security clearance level?	Top Secret	Secret	
b. Is Guard Force Armed?	Yes	No	
c. By assigned contractor personnel?	Yes	No	
If yes, do personnel have visual control of Open Storage area entrance door?	Yes	No	
d. By access control device?	Yes	No	
If yes, what kind?	Automated access control system	Non-Automated	
If Non-Automated			
1. Is there a by-pass key?	Yes	No	N/A
If yes, how is the by-pass key protected?			
2. Manufacturer:		Model:	
<i>(Explain in Remarks if more space is required)</i>			
If Automated			
1. Is there a by-pass key?	Yes	No	N/A
If yes, how is the by-pass key protected?			
2. Manufacturer:		Model:	
<i>(Explain in Remarks if more space is required)</i>			
3. Are access control transmission lines protected?	Yes	No	
If no, explain the physical protection provided			
4. Is automated access control system located within an Open Storage area or an alarmed controlled area?	Yes	No	
5. Is the access control system encoded and is ID data and PINs restricted to cleared personnel?	Yes	No	
6. Does external access control outside Open Storage area have tamper protection?	Yes	No	
7. Is the access control device integrated with IDS?	Yes	No	N/A
8. Is the access control device integrated with a LAN/WAN System?	Yes	No	N/A
2. Does the Open Storage area have windows?			
a. Are they continuously secured from opening?	Yes	No	N/A
If Yes, how: If No, explain:			
b. Are they secured against forced entry?	Yes	No	N/A
If Yes, how: If No, explain:			
c. Are they protected against visual surveillance?	Yes	No	N/A
If Yes, describe:			

2. Open Storage area windows (continued)						
d. Are they within 18 feet of the ground? What is used to prevent entry?		Yes	No	N/A		
If Yes, how: If No, explain:						
3. Do ventilation ducts penetrate the Open Storage area perimeter?			Yes	No		
<i>(Indicate all duct penetrations and their size on a separate floor plan as an attachment)</i>						
a. Any ducts over 96 square inches that penetrate perimeter walls?			Yes	No		
If yes, how are they protected?		Bars	Grills	Metal	Baffles	Other Approved by DCSA
If Other, Describe Protection:						
b. Inspection ports?			Yes	No		
If yes, are they within the Open Storage area?			Yes	No		
If no, are they secured with DCSA approved procedures?			Yes	No		
If No, explain:						
c. Do ventilation ducts penetrating the perimeter meet acoustical requirements?			Yes	No		
<i>(NOTE: This may be an additional GCA security requirement)</i>						
If yes, how are they protected?		Z-Duct	Metal Baffles	Noise Generator	Other	
If Other, Describe Protection:						
4. Construction Physical Characteristics:						
a. Is the entire wall assembly finished from true floor to true ceiling?			Yes	No		
b. Describe Perimeter Wall Construction:						
c. True ceiling						
Describe material and thickness:						
d. False ceiling? (NISPOM 117.15, procedures must ensure structural integrity)			Yes	No		
1) If yes, what is the type of ceiling material?						
2) What is the distance between false and true ceiling?						
e. True floor						
Describe material and thickness:						
f. Raised floor? (NISPOM 117.15, procedures must ensure structural integrity)			Yes	No		
1) If yes, what is the type of false flooring?						
2) What is the distance between raised and true floor?						

5. REMARKS:

Section D: Open Storage Area Doors

The following door type definitions are referenced in this section:

- a. **Primary door:** An Open Storage area perimeter door recognized as the main entrance.
- b. **Secondary door:** An Open Storage area perimeter door employed as both an entry and egress door that is not the Primary door.
- c. **Emergency egress-only door:** A Open Storage area perimeter door employed as an emergency egress door with no entry capability.

1. Is the Primary door equipped with the following:

a. A GSA-approved door constructed of what material? (<i>Reference 32CFR Part 2001.53</i>)	Yes	No
If NO, explain:		
b. A three-position GSA-approved combination lock?	Yes	No
If NO, explain:		
c. Is an approved access control device installed?	Yes	No
If NO, explain:		
d. Is there a by-pass keyway for use in the event of an access control system failure?	Yes	No
If NO, explain:		

2. Secondary Door Criteria

Secondary doors may be established with DCSA approval and as required by building code, safety and accessibility requirements.

a. Does the Open Storage area have any approved Secondary doors?	Yes	No
If Yes, are all approved Secondary doors equipped with the following:		
1) A GSA-approved deadbolt meeting Part 2001.53 requirements?	Yes	No
If NO, explain:		
2) Approved access control hardware deactivated when the Open Storage area is not occupied or as determined by DCSA.	Yes	No
If NO, explain:		
b. Does the Open Storage area have any Emergency Egress-only doors?	Yes	No
If Yes, do all approved Emergency Egress-only doors meet the following:		
1) Are they installed as required by building code, safety and accessibility requirements?	Yes	No
If NO, explain:		

Section D: Open Storage Area Door con't

2) Are they equipped with GSA-approved pedestrian door emergency egress device with deadbolt configuration meeting Part 2001.53 or exit only door use or a DCSA approved alternate method with similar functionality?	Yes	No
If NO, explain:		
3) Are they alarmed 24/7 and have a local audible annunciator that must be activated if the door is opened?	Yes	No
If NO, explain:		

3. Criteria for ALL Open Storage Area Doors

a. Do all Open Storage area perimeter doors comply with applicable building code, safety, and accessibility requirements as determined by approving authority?	Yes	No
If NO, explain:		
b. Does the Open Storage security procedures ensure all doors are secured at end of day3	Yes	No
If NO, explain:		
c. Are all perimeter doors equipped with an automatic, non-hold door-closer which shall be installed internal to the Open Storage area?	Yes	No
If NO, explain:		
d. Are door hinge pins that are accessible from outside of the Open Storage area secured in such a manner to provide visual evidence of unauthorized penetration?	Yes	No
If NO, explain:		

4. Describe Open Storage area door fabrication and any unique criteria/requirements

a. Wooden doors are at least 1 ¾ inch-thick solid wood core (i.e. wood stave, structural composite lumber)	Yes	No	N/A
b. Steel doors have the following specifications: 1) 1 ¾ inch-thick face steel equal to minimum 18-gauge steel. 2) Hinges reinforced to 7-gauge steel and preferably a lift hinge. 3) Door closure installation reinforced to 12-gauge steel. 4) Lock area pre-drilled and/or reinforced to 10-gauge steel.	Yes	No	N/A
c. Vault door are GSA-approved Class 5 and not used to control day access.	Yes	No	N/A
d. Glass doors, if it is in the interior of an area with security-in-depth.	Yes	No	N/A
e. Other. Explain in remarks.	Yes	No	N/A

5. REMARKS:

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Section E: Intrusion Detection Systems

1. General IDS Description (Refer to NISPOM, Part 117.15 and ICD 705)			
a. Has the IDS configuration been approved by the assigned DCSA Representative?	Yes	No	
b. IDS installed by: _____			
c. Premise Control Unit (PCU) or may be referred to as the Control Panel			
Manufacturer: _____	Model Number: _____		
Tamper Protection Features Installed?	Yes	No	
d. Is the PCU located inside the Open Storage perimeter (indicated on floor plan)?	Yes	No	
If no, explain			
e. Accessible points of entry/perimeter?	Yes	No	
Any others? Explain;			
f. Has the IDS passed DCSA, GCA, or UL 2050 installation and acceptance tests?	Yes	No	
<i>If yes, attach a copy of certificate (Non-commercial proprietary system must answer all questions)</i>			
g. High Security Switches Type I?	Yes	No	
h. High Security Switches Type II?	Yes	No	
i. Motion sensor?	Yes	No	
j. Are any other intrusion detection equipment sensors/detectors in use?	Yes	No	
<i>Please identify make, model and manufacturer and function and the location of interior motion detection protection (indicate on floor plan)</i>			
Make	Model	Manufacturer	Function
k. Does the IDS extend beyond the Open Storage area perimeter?	Yes	No	
If yes, explain.			
l. Can the status of PCU be changed from outside IDS protection?	Yes	No	
If yes, is an audit conducted daily?	Yes	No	
m. Do any intrusion detection equipment components have audio or video capabilities?	Yes	No	
If yes, explain.			
n. PCU administrator cleared?	Yes	No	
o. Is external Transmission Line Security used?	Yes	No	
If yes, explain.			
p. What is the method of line security? National Institute of Standards and Technology (NIST) FIPS AES encryption?	Yes	No	

1) If yes, has the encryption been certified by NIST or another independent testing laboratory?	Yes	No
2) If not NIST standard, is there an alternate?	Yes	No
If yes, explain.		
3) Does the alternate line utilize any cellular or other Radio Frequency (RF) capability?	Yes	No
Manufacturer:	Model Number:	
q. Does any part of the IDS use local or wide area network (LAN/WAN)?	Yes	No N/A
1) Is the host computer dedicated solely for security purposes?	Yes	No N/A
2) Is the host computer secured within an alarmed area at the physically or higher level protected spaces or higher level?	Yes	No N/A
3) Is the host computer protected through firewalls or similar devices?	Yes	No N/A
4) Is the password for the host computer unique for each user and at least 8-characters long consisting of alpha, numeric, and special characters?	Yes	No N/A
5) Is the password changed semi-annually?	Yes	No N/A
6) Are remote security terminals protected the same as the host computer?	Yes	No N/A
If no, explain:		
2. Is emergency power available for the IDS?	Yes	No
Generator? Yes No If yes, how many hours?		
Battery? Yes No If yes, how many hours?		
3. What is the name and address of the IDS alarm monitoring station?		
Does the IDS alarm monitoring station comply with Underwriters Laboratories (UL 2050) standards? If not, explain in remarks section below.		
Yes No		
<i>(Contractor facility must submit a copy of the UL certificate with approval request)</i>		
4. Does the monitor station have any remote capabilities (i.e., resetting alarms, issuing PINs, accessing/securing alarms, etc.?)	Yes	No N/A
If yes, explain:		
5. Does the IDS have any automatic features (i.e., timed auto-secure)?	Yes	No N/A
6. Does the PCU/keypad have dial out capabilities?	Yes	No N/A
7. IDS response personnel:	Yes	No N/A
a. Who provides initial alarm response?		
b. Does the response force have a security clearance?		
If yes, what is the clearance level? Top Secret Secret Confidential		
c. Do you have a written agreement with external response force?		
Yes No		
d. Emergency procedures documented to include catastrophic/complete system failure?		
Yes No		
e. Response to alarm condition: Minutes:		
f. Are response procedures tested and records maintained?		
Yes No		
Remarks:		

8. Additional Information or descriptions (if applicable)

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 meet NISPOM (i.e. 32CFR 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

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:

Name:

Date of Approval:

Field Office:

Position Title:

Electronic Signature or Pen/Ink:

DCSA Comments (if applicable):