ERS Data Remote Workplace Security Inspection Checklist

ERS Representative: _____ **Date:** _____

Researcher Name(s):
Address:
Phone Number:
NOTES:
1.   An ERS authorized representative must perform a physical walkthrough of the remote workplace in order to fill out this document.

2.   All responses are expected to be "YES". Provide comments for "NO" responses.

3.   Forward completed electronic copy of this document to apompey@ers.usda.gov for review and approval.

4.   Send all questions pertaining to this document to apompey@ers.usda.gov.

WORKPLACE DESCRIPTION

1 STREET ADDRESS:

2 FLOOR NUMBER (if multi-level bldg.):

3 ROOM NUMBER (if applicable):

PHYSICAL SECURITY

	Yes	No	Comments
4 Workplace is not located in a "high traffic" area.			
5 Workplace is isolated from public areas within the building.			
6 Workplace is only accessible by authorized individuals.			
7 Workplace is located inside a lockable room.			

8 Computer monitor is not readily visible from external facing windows or doors.

CONFIDENTIALITY

9 *Researcher has signed ERS Confidentiality Agreement*

10 *Researcher is aware that any form of screen capture, such as screen prints and taking pictures are prohibited.*

MACHINE INFORMATION

11 Manufacturer

12 Model No.

13 Serial No.

14 Researcher has a unique account on the desktop.

_____
____ _____
ERS Representative