**FERC SECURITY CHECKLIST (v5)**

**Field Security Inspection Form 1**

**Project No.: Project Name: Dam: .**

**Owner: Security Group: Date: .**

**Inspector: Accompanied by: .**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Field Observations: (Provide detailed supplemental information to the right)** | **Y** | **N** | **NA** | **Comments****(Provide additional details – especially any “No” answers – here and separate sheets, if necessary.** **Indicate NA if not appropriate to site.)** |
| **DETECTION AND ASSESSMENT**1. Is the site manned? Dam? |  |  | Days/week Hours/day . |
|  Powerhouse? |  |  | Days/week Hours/day . |
| 2. Are there surveillance Dam? cameras in use?  |  |  |  |  |
|  Powerhouse? |  |  |  |  |
|  Other? |  |  |  |  |
|  How are they viewed/checked? |  |
| 3. Is the frequency of walking inspections appropriate (safety and/or security)? |  |  |  | Note the frequency of these inspections: |
|  Personnel control/ID badges used? |  |  |  |  |
| **DELAY**4. Is the dam site fenced with gates/doors locked (if appropriate to the site)? |  |  |  |  |
| 5. Is access restriction to the Foot? dam/facilities appropriate  and in-place?  |  |  |  |  |
|  Vehicle? |  |  |  |  |
|  Boat? |  |  |  |  |
| 6. Are spillway/gate controls secured against unauthorized access? |  |  |  |  |
| 7. Are powerhouse doors/ windows locked? |  |  |  |  |
|  Alarms/motion detection/cameras? |  |  |  | Specify details: |
|  Can systems be easily bypassed? |  |  |  |  |
| 8. Water conveyance Access restricted? system: |  |  |  |  |
|  Surveillance? |  |  |  |  |
| 9. Is critical performance monitoring equipment secured against tampering? |  |  |  |  |
| **Field Observations** | **Y** | **N** | **NA** | **Comments** |
| **RESPONSE**10. Are law enforcement phone numbers posted? |  |  |  |  |
| 11. Are there redundant communications? |  |  |  |  |
| 12. How long it takes the operator if detected to respond to unauthorized access? | How is detection made? |
|  What is that response? |  |
| 13. Can law enforcement be quickly notified? |  |  |  | Identify enforcement agenc(ies): & capabilities: |
|  Estimated time for arrival? |  |
| **INTEGRATION & RISK MANGMT.**14. Describe assessment of threats, vulnerable features and potential impacts. Include switchyards & transmission lines, etc. Also consider elements of operations that could be subject to cyber attack. | Last time consultation with law enforcement was made to determine threat: |
| 15. Steps taken to improve Past year: security: |  |
|  Long term plans: |  |
| 16a. Is there a Security Plan (Group 1 or 2) |  |  |  | If “Yes” is it acceptable?Is there a Response/Recovery Plan component? |
|  Are there different site-specific response levels covered in the Security Plan for varying threat? |  |  |  | Summarize levels/activities: |
|  Are the measures on the day of  inspection consistent with the  current threat level? |  |  |  | If “no” explain: |
| 16b. Has Security plan been revised since last field change? |  |  |  | When it was last exercised & what type? |
| 17. Is there a Vulnerability Assessment? (Group 1) |  |  |  | If “Yes” is it compliant? |
| 18. Is there a Security Assessment?  (Group 1 or 2) |  |  |  | If “Yes” is it compliant? |
| 19. Are all actions an plans fully integrated? |  |  |  |  |
| 20. Do any security measures conflict with any license requirements? |  |  |  |
| 21. Is there HAZMAT/fuel storage on-site? |  |  | Describe: |
|  If so, is access secured? |  |  |  |
| 22. Are critical drawings/plans/records secured from unauthorized access? |  |  |  |  |
| 23. We have no comments about the Security Measures observed: |  |  | If no comments, check “No”; if comments needed, check “Yes”. |
|  If comments needed, follow-up actions will be made and tracked | List potential remediation discussed: |

**Project Security Summary Information – Form 2**

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| **Security Information** | **Comments****(Provide detailed information on separate sheet, if necessary)** |
| A. Number of security/surveillance incidents in past year. | Description (indicate if it was it reported to FERC) |
| B. Owner expressed specific security concerns or questions. |  |
| C. Number (description) of data requests or site visits by DHS PSA or other assessment groups |  |
| D. Changes made to None made: security since last inspection | Indicate “None” by checking here: .Do previous studies show prior posture was adequate?(y/n) . |
|  Following changes were made to physical site security: | If so, describe changes: |
|  Following changes made to procedural operations (incl. threat level increase additions, employee actions, etc.): | If so, describe changes: |
|  Following changes/additions made to cyber/SCADA operations: | If so, describe changes: |
|  Overall Risk to security reduced due to above modifications because of: | (Cite critical pre-modification ASR value(s) and show if modifications decreased the ASR Risk value.) |
| E. A discussion was made with site personnel regarding no security materials submittal, and hard-copy only submittal of annual security compliance certification letter | Yes, discussion was made (check if so): .No, discussion was not made (reason why) . |