

## TEMPEST INSPECTION REPORT SUPPLEMENT - FACILITY PROFILE

For use of this form, see TB 380-7; the proponent agency is INSCOM.

FACILITY NAME	FIN	DATE OF INSPECTION	SERVICE TIMES P & RW: _____ TVL: _____ ONSITE: _____
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### SECTION I - PTSI DATA

VI - VALUE OF INTELLIGENCE  SCI = <u>100</u> _____% TS = _____ _____% S = _____ _____% C = _____  VI TOTAL _____	PA - PROBABILITY OF ACCESS  POST: <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/> CIV  COUNTRY: <input type="checkbox"/> US <input type="checkbox"/> ALLIED  <input type="checkbox"/> COMMUNIST <input type="checkbox"/> NEUTRAL	IE - INSPECTOR'S ESTIMATE  <input type="checkbox"/> CEM YES OR PROBABLE  <input type="checkbox"/> CEM NO OR NOT PROBABLE  PTSI = _____
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### SECTION II - PHYSICAL DATA

FACILITY CONTROLLED SPACE PERIPHERY IS:

<input type="checkbox"/> WALLS, FLOOR, CEILING OF FACILITY	<input type="checkbox"/> SECURITY FENCE OF CLOSED POST
<input type="checkbox"/> WALLS, ROOF OF BUILDING HOUSING FACILITY	<input type="checkbox"/> UNLIMITED DUE TO UNDERGROUND LOCATION
<input type="checkbox"/> SECURITY FENCE AROUND BUILDING OR FACILITY	<input type="checkbox"/> OTHER (Specify) _____

ACCESS TO CONTROLLED SPACE IS:

<input type="checkbox"/> SECURITY GUARD CONTROLLED	<input type="checkbox"/> EMPLOYEE CONTROLLED	<input type="checkbox"/> LOCK CONTROLLED
<input type="checkbox"/> OTHER (Specify): _____		

FACILITY IS ENCLOSED BY:

<input type="checkbox"/> SHIELD OF:	<input type="checkbox"/> IRON/STEEL	<input type="checkbox"/> FOIL	<input type="checkbox"/> LAMINATED/ARMORED PANELS	<input type="checkbox"/> CONDUCTIVE PAINT
<input type="checkbox"/> BASIC CONSTRUCTION OF:	<input type="checkbox"/> MASONRY	<input type="checkbox"/> WOOD	<input type="checkbox"/> METAL	<input type="checkbox"/> OTHER (Specify) _____

### SECTION III - EXCEPTION OPERATION DATA

N/A     REQUEST PENDING     APPROVED, DATE: \_\_\_\_\_ BY (MACOM): \_\_\_\_\_

### SECTION IV - EQUIPMENT RADIATION DATA

RED PROCESSORS NAME/NOMENCLATURE	KEYING-SIGNALING		TEMPEST APPROVED		ERTZ	CS	CEM PROBABILITY	
	HIGH	LOW	YES	NO			YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**SECTION V - SEPARATION DATA**

Is minimum required separation maintained between RED equipment, RED power lines, RED signal lines, and the following as prescribed by the separation table (*Figure C-2 or C-3, TB 380-7, as applicable*)?

POTENTIAL CONDUCTORS/RADIATORS	MINIMUM SEPARATION			CEM PROBABILITY	
	YES	NO	N/A	YES	NO
BLACK CRYPTO AND ANCILLARY UNITS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLACK EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLACK POWER LINES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLACK SIGNAL LINES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FORTUITOUS CONDUCTORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLACK TELEPHONE SYSTEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONTROLLED SPACE PERIPHERY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RF TRANSMITTERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART VI - INSTALLATION DATA**

POTENTIAL CONDUCTORS/RADIATORS	CABLE SHIELDING OR CONDUIT		CONDUCTOR ISOLATION, DECOUPLING OR FILTERS		GROUNDS: SIGNAL, POWER, SHIELDING		CEM PROBABILITY		REMARKS
	YES	NO	YES	NO	YES	NO	YES	NO	
RED EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BLACK EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RED SIGNAL LINES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BLACK SIGNAL LINES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RED POWER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BLACK POWER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BLACK TELEPHONE SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FORTUITOUS CONDUCTORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SHIELDED ENCLOSURES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

GENERAL REMARKS/FACILITY DIAGRAM