

TEMPEST INSPECTION REPORT						DATE
For use of this form, see TB 380-7; the proponent agency is INSCOM.						
THRU: <i>(Include ZIP Code)</i>		TO: <i>(Include ZIP Code)</i>			FROM: <i>(Include ZIP Code)</i>	
SECTION I - FACILITY DATA						
FACILITY NAME				COMMANDER OR OIC <i>(Name, Grade, Title)</i>		
FACILITY POC <i>(Name and Grade)</i>				TELEPHONE NUMBERS		
				AUTOVON:		COML:
UIC	BUILDING <i>(Name or Number)</i>			ROOM	FLOOR	
NUMBER AND STREET				CITY OR POST		STATE OR COUNTRY
SECTION II - INFORMATION PROCESSOR DATA						
TYPE FACILITY						
<input type="checkbox"/> TCF <i>(Fixed Telecommunications)</i>		<input type="checkbox"/> ADP <i>(Data Processing)</i>		<input type="checkbox"/> GOE <i>(General Office)</i>		
<input type="checkbox"/> TAC <i>(Semifixed Transportable)</i>		<input type="checkbox"/> ETV <i>(Educ/CCTV)</i>		<input type="checkbox"/> FAX <i>(Facsimile)</i>		
<input type="checkbox"/> WWM <i>(WWMCCS)</i>		<input type="checkbox"/> WPC <i>(Word Processor)</i>		<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> ASV <i>(AUTOSEVOCOM):</i> JCS NO		<input type="checkbox"/> NB TERMINAL		<input type="checkbox"/> WB TERMINAL	<input type="checkbox"/> SECORD	<input type="checkbox"/> SEVAC
TYPE INFORMATION						
SCI: <input type="checkbox"/> YES <input type="checkbox"/> NO		CLASSIFIED <i>(PERCENTAGES)</i> <i>(REQUIRED FOR NON-SCI INFORMATION ONLY)</i>				
		TS:		S:		C:
INSPECTION DATES				INSCOM FIN		INSPECTOR <i>(Name and Grade)</i>
RELOCATED	PAST	CURRENT				
SECTION III - INSPECTION FINDINGS/RECOMMENDATIONS/CORRECTIVE ACTIONS <i>(Continue on reverse)</i>						
COMMANDER <i>(Name and Grade)</i>				SIGNATURE OF COMMANDER		