

**EHSS-53 - OFFICE OF TECHNICAL SECURITY
EQUIPMENT INSPECTION REQUEST WORKSHEET**

Equipment Requestor/POC:				Date:
Phone:		Email:		
Org:		Facility:		
HSO/FSO/SSO:		HSO/FSO/SSO Signature:		
EQUIPMENT INFORMATION				
GOVERNMENT OWNED:		VENDOR OWNED:	PERSONAL:	
Make:	Model:		Qty:	
S/N:	Please provide SN listing for multiple items or systems		Property Tag:	
Install Location (Facility/STE/RM):		Classification of Equip:		
Install Area Type:				
Does the Equipment have the following capabilities: (Select all that apply)				
Wireless (2.4/5/6 GHz)		Bluetooth (BLE/Classic)	Recording / Storage Media	
Camera / Microphone		Near Field Comms / IR	Other	
Describe checked items below:				
Link to device specifications/website/data sheet (attach manual to request):				
Explain how the equipment will be configured and deployed (attach drawings for multi-component systems):				
Explain any proposed mitigations for the equipment:				

TECHNICAL INSPECTION

Follow on Report:

Follow on Report Number:

Completed:

Comments:

Mitigations:

Recommendation:

*Recommendation is based on the above equipment config and install location. Any changes may alter this recommendation. Contact your HSO/FSO/SSO if changes are required.

Technician Name:

Technician Signature:

EHSS-53 REVIEW

Review Assessment:

Comments:

Reviewer Name:

Reviewer Signature:

APPROVAL DECISION

Decision:

*Approval is based on the above equipment config and install location. Any changes may alter this approval. Contact your HSO/FSO/SSO if changes are required.

Mitigations:

Additional Mitigations:

Comments:

Signed to Lock Form

Signature

Date