

CLASSIFIED WHEN FILLED-IN

FACILITY TECHNICAL THREAT ASSESSMENT (FTTA) WORKSHEET

For use of this form, see AR 381-14; the proponent agency is DCS, G-2.

(Instructions for completing this form are on the back).

1. FULL MILITARY/OFFICIAL MAILING ADDRESS	2. PHYSICAL LOCATION OF FACILITY	
3. FACILITY IDENTIFICATION NUMBERS/SCIF ID	4. PRIMARY USE OF FACILITY, EQUIPMENT OR SYSTEM	5. SIZE OF FACILITY

6. VOLUME AND SENSITIVITY OF INFORMATION				
% OF TOTAL	LEVEL OF DISCUSSION OR PROCESSING	% LONG TERM	% SHORT TERM	HOURS/MONTH

7. EQUIPMENT CONFIGURATION <i>(additional items can be listed on the back)</i>					
a. List of Equipment Used	b. Within 30 Meters (if yes, complete block 7)		Name of Manufacturer for the Transmitter and the Antenna	Model Number for the Transmitter and the Antenna	Power Output of the Transmitter
	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"/>			

c. For TSCM Only <i>(List the manufacturer and model, of telephone switching equipment inside the facility)</i>		
Manufacturer	Model	Number of Telephones

8a. NAME OF POINT OF CONTACT	b. TITLE OF POINT OF CONTACT
c. MAILING ADDRESS OF POINT OF CONTACT	d. E-MAIL ADDRESS

9. SIGNATURE OF POINT OF CONTACT <i>(Should be signed by the same person as the cover memorandum)</i>	DATE <i>(YYYYMMDD)</i>
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ADDITIONAL SPACE IF NEEDED

INSTRUCTIONS FOR COMPLETION OF DA FORM 7453

1. Item 1. Full Military Official Mailing Address.
2. Item 2. Physical Location of Facility. Exact physical location of the activity, facility, building, equipment, or system for which support is requested. Include building and room numbers, and street names. Indicate if the facility is on a US military base, or US government-owned or leased facility that is occupied totally by US Government personnel. Attach a sketch of the facility's location and immediate environment, denoting its IS.
3. Item 3. Facility Identification Numbers. Provide the Facility Identification Number (FIN), if one has been assigned. If the activity is a Sensitive Compartmented Information Facility (SCIF), provide the SCIF number.
4. Item 4. Primary Use of the Facility Equipment, system, or area to be examined (i.e., office, conference room, and telecommunications center).
5. Item 5. Size of Facility. Size of facility in square feet of floor space within the targeted facility perimeter.
6. Item 6. Volume and Sensitivity of Information. Provide the information about the volume and sensitivity of the information processed. Figures should be the monthly average. The percentages for long-term and short item at a given sensitivity level should add up to 100%
7. Item 7. Equipment Configuration.
 - a. Submit a list of all equipment used to process classified information by manufacturer and model number. Describe any networks that exit the facility, whether processing classified or unclassified information.
 - b. If there is a transmitter or transmitting antenna of any type located within 30 meters of the equipment, system, or facility, provide the name of the manufacturer and model number for the transmitter and the antenna, and the power output of the transmitter.
 - c. (For TSCM Only) Provide the manufacturer and model of telephone switching equipment inside the facility. List the number of telephones, by model, located inside the facility.
8. Item 8. Name of Point of Contact. Point of contact for the request. Name, position title, mailing address, telephone number and if available, a secure email address, of individual who has security responsibility for the area and who will act as the point of contact.
9. Item 9 Signature. Should be signed by the same person as the cover memorandum. The position title in the signature block should clearly indicate that the signatory has authority to request TSCM (Commander, Security Officer, MACOM TSO, etc.)