REMOVABLE MEDIA USER ACKNOWLEDGEMENT
BAH-1NET-REMMED-01

From: _____
(Last, First)

To: Command IAM/IAO, NCTS Bahrain

Ref:
(a) TNOSC Bahrain Inst. 012, THE USE AND HANDLING OF REMOVABLE STORAGE MEDIA DEVICES
(b) OPNAV 5239/14 System Authorization Access Request - Navy (SAAR-N)

Subj: REMOVABLE MEDIA USER ACKNOWLEDGEMENT

1. By signing this document, I acknowledge and consent that:
   a. I am an authorized user and I have read & consent to the terms in IS user agreement (REF B) for all IS that this Removable Media will be used on.
   b. I have a genuine official need to use removable storage which I have provided to my IAM. I will only utilize removable storage in support of the documented requirement.
   c. I have read, understand, and agree to the local policy for removable storage (REF A).
   d. All Communications occurring on or data stored on this device are not private. They are subject to routine monitoring and search regardless of the origination of the data or information.
   e. I will immediately report the loss of this removable media to the command security manager and TNOSC N4 IAM/IAO staff so that appropriate response procedures can be initiated.
   f. I will treat this device in accordance with and only utilize this device at the level of classification it is authorized. Exceptions are noted in REF B.
   g. I will ensure the removable storage device is scanned for malicious code immediately upon access from any DoD Network and/or workstation.
   h. I will ensure that Antivirus and Malicious Code Protection software is installed and current prior to attaching this removable drive to any System including personally owned systems (i.e. home computer).
   i. I may be held responsible for any and all damages caused either through negligence, loss, ill intent, willful act, or otherwise by the use of this removable storage and to any connected Government system(s), data, or networks.
   j. I will return my removable media device to my Command IAM/N6 to be checked on a quarterly basis by TNOSC N4 IAM/IAO staff to ensure compliance with standard load configuration and applicable security policies.
   k. I will surrender my removable media device immediately upon request of NCTS Bahrain IAM, my command IAM/N6, or their duly appointed representatives.
   l. I understand removable storage media affected by an electronic spillage will be surrendered to the Commands IAM

or Command Security Manger immediately until properly sanitized. Media that can not be sanitized, whether government or personally owned, will be rendered unusable and destroyed.

m. I understand that failure to comply with the provisions outlined above may constitute a security or policy violation resulting in forfeiture of my ability to use removable media devices and possible disciplinary action.

2. (U) **No removable media** will be attached to a DoD information system (i.e., workstation) without the prior approval of the Commands IAM/IAO and NCTS Bahrain IAM.

3. (U) All removable media including CDs/DVDs must be clearly identified by electronic labeling, designation or marking.

4. (U) Command IAM must serialize and label all removable storage media with the appropriate classification markings: **SF 707 (SECRET)** or **SF 710 (UNCLASSIFIED)**.

5. (U) Personal removable media (including mp3 players, cameras, etc.) are for personal use and cannot be used or attached to Government IS.

6. (U) Personal USB Drives / thumb drives should not be brought to work. NCIS and/or Security Managers may interpret their presence and in particularly disguised thumb drives as an attempt to steal government information/data.

6. (U) If you find an unsecured thumb drive, secure it and turn it in to the IAM/IAO OR Command Security Manager (CSM).

Requestor Information

Command	Full Name	
DSN Phone	Email Address	
Computer hostname/classification (NIPR)	USB Make/Model	USB Capacity
Computer hostname/classification (SIPR)	USB Make/Model	USB Capacity
Reason/Justification	Read-Only/Read-Write	Protective Measure

I acknowledge, understand, and will comply with all details of this document and supporting references.

Requestor Signature _____

Date _____

Command N6/IAM		
Command	Full Name and Rank	
DSN Phone	Email Address	
USB Serial (USBDETECT)	Recommendation for allowing access:	
Physical Lock?	FIPS 140-2 Compliant?	Transfer NIPR to SIPR?

I have recommended and validated the Requestor's requirement for use of USB Storage. I will notify NCTS IAM when this access is no longer required, and access will terminate 1 year from this date unless the TNOSC is notified in writing of required extension. I will comply and ensure that my user community complies with all the above policies and supporting references, including performing a quarterly physical inventory of all usb drives. I will ensure that this responsibility is transferred to the new command IAM upon my departure. I will assume this responsibility upon my appointment as command IAM.

Command IAM Signature: _____

Date: _____

NCTS IAM or representative	
DSN Phone	Full Name and Rank
Comments:	Email Address

I authorize the Requestor access for the use of USB Drives. I will ensure that this access is revoked when longer required. This will be 1 year from the date validated by Command IAM/N6 unless the TNOSC is notified in writing of required extension.

NCTS IAM Signature: _____

Date: _____