**Statewide Health Information Policy Manual (SHIPM) 3.2.3 – Facility Access Controls**

*Compliance Review Tool Question #60*

## Artifact Must Haves and Best Practices

| **Item #** | **Topic** | **Covered (Y or N)** | **Comment** |
| --- | --- | --- | --- |
| 1 | Was a Facility Access (Facility Security Plan) artifact(s) submitted for review? |  |  |
| 2 | Does the plan describe contingency operations procedures that allow authorized workforce to access facilities in support of restoration of lost data under the BCP and TRP? |  |  |
| 3 | Does the plan describe safeguards for facilities and equipment from unauthorized physical access, tempering, damage and theft? |  |  |
| 4 | Does the artifact(s) identify and document facility entry controls and badging systems for workforce and visitors? |  |  |
| 5 | Does the plan describe how access control and validation procedures control and validate a person’s access to facilities based on their role or function? |  |  |
| 6 | Does the artifact(s) contain screening and/or background check processes? |  |  |
| 7 | Does the artifact(s) describe the process for secure handling/destruction of facility equipment? |  |  |
| 8 | Does the artifact(s) address day to day protection of all equipment at the facility, including? | n/a |  |
| 8a | Hardware |  |  |
| 8b | Power Supplies |  |  |
| 8c | Cabling Security |  |  |
| 8d | * Equipment maintenance |  |  |
| 9 | Does the artifact(s) address the need to document repairs and modifications to the physical components of the facility which are related to security (e.g., hardware, walls, doors and locks, etc.)? | n/a |  |
| 10 | Does the artifact(s) identify ventilation and temperature control systems? |  |  |
| 11 | Does the artifact(s) contain building/facility emergency procedures? |  |  |
| 12 | Does the artifact(s) include identification of fire suppression, water damage prevention, and electrical power fluctuation or failure detection systems? |  |  |
| 13 | Does the artifact(s) specify the handling and control of access to facilities-related software programs (*for testing and revision*)? |  |  |
| 14 | Does the artifact(s) have official review/acceptance: | n/a |  |
| 14a | * Effective Date? |  |  |
| 14b | * Revision Date? |  |  |
| 14c | * Authorizing Sr/Executive Management Signature? |  |  |

Title(s) of Submitted Policy/Document/Artifact(s) Reviewed:

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Stored Location of, or link to Artifact(s) Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Overall CalOHII Reviewer Comments:

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Name of CalOHII Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_

Title of or link to Other Source(s) used (e.g., sources not in checklist, templates) – *optional*: