

**SECTION J  
ATTACHMENTS**

**Attachment 17  
ASM Gear List**

*For each observer attending training and certified, the following items available for inspection by NMFS before the first day of training and available for use during the training:*

<b>Item Description</b>	<b>Quantity Per Observer</b>
Personal Locator Beacon	1
Immersion suit, USCG approved	1
Personal Floatation Device, USCG approved with CO2 and manual inflation Strobe light, USGC approved (ACR C-light CE) Signal mirror	1
Whistle	1
<b>12 lbs scale – Scales must be capable of withstanding exposure to water and sea spray. The scales should be durable, require minimal maintenance, and facilitate ease of use for the observer.</b>	1
<b>100 lbs scale – Scales must be capable of withstanding exposure to water and sea spray. The scales should be durable, require minimal maintenance, and facilitate ease of use for the observer.</b>	1
10 ft measuring tape, fiberglass	1
50 ft measuring tape, fiberglass	1
12” caliper, stainless steel, Mitutoyo	1
Fish measuring board – must accommodate measuring strips	1
Water thermometer, protected in a stainless steel or plastic housing	1
Solar powered calculator	1
Foul weather gear – jacket, pants, and boots (provided by the observer or provider)	1 set
Rubber gloves	2 pair
Orange Fish Bushel Baskets – minimum of 3 (up to 10 may be required in certain fisheries)	1
Cotton glove liners	2 pair
Latex gloves	6 pair
Clip board, fold over cover aluminum	1
Binoculars – 7 x 50, rubber armored	1
Disposable camera	1
Knives	2
Sharpening stone	1
Stainless steel forceps	1
Permanent marker	6
Pencils	
12 x 12 baggies	50
Large, heavy duty trash bags <sup>5</sup>	25
12-inch cable ties	10
1-cubic foot Styrofoam cooler	1
5-gallon plastic pail	1
Cooler ice packs	6

***The following items will be provided by NMFS before, on, and/or during training:***

<b>Item Description</b>	<b>Quantity per At-Sea Monitor</b>
Panasonic Android Toughpad Tablet	As Needed
Peterson's Guide to Atlantic Coast Fishes	As Needed
Peterson's Guide to the Atlantic Seashore	As Needed
Beached Birds, A COASST Field Guide to the North Atlantic	As Needed
National Geographic Field Guide to Birds of North America	As Needed
Fish Measuring Strips	As Needed
Tyvek tags, pre-printed for samples	As Needed
Write-in-rain notebooks	As Needed
Diaries	As Needed
Measuring stick (probe for determining depth of fish pile for volume estimates)	As Needed
Tyvek tags, blank	As Needed
Marine mammal yellow tags	As Needed
Observer Program Manual	As Needed
Biological Sampling and Catch Estimation Manual	As Needed
On deck reference guides	As Needed
Regulatory compliance folder	As Needed
Marine mammals and turtles field guides	As Needed
Requiem shark field guide	As Needed
Fishes of the Gulf of Maine – Bigelow (recommended by not required at sea)	As Needed
Copies of blank logs, worksheets, and workbooks and waterproof logs	As Needed
Digital Camera, Nikon Coolpix S32	As Needed
Eye-fi Mobi 8GB SD Card	As Needed
Marel Scale	As Needed

SECTION J  
ATTACHMENTS  
ATTACHMENT 21/RFP EA133F-12-RP-0019

NORTHEAST MONTIOR TRAVEL VOUCHER FORM (11/04/10)

NAME:		Page _____ of _____		
MONITOR/OBSERVER ID:	DATE:	DATE:	DATE:	DATE:
PRIMARY PORT:	TRIP ID:	TRIP ID:	TRIP ID:	TRIP ID:
From (City/State)				
Time of Departure				
To (City State)				
Time of Arrival				
<b>POV (Privately Owned Vehicle) MILEAGE EXPENSES: Mileage Rate:</b>				
Miles Claimed:				
<b>A) Total Mileage (Multiply Total Mileage by Mileage Rate)</b>				
<b>MISCELLANEOUS EXPENSES No receipts required for expenses under \$75.00</b>				
Lodging Tax				
Parking				
Tolls				
Taxis				
Other:				
<b>B) Total Miscellaneous Expenses:</b>				
<b>PER DIEM RATE: Lodging:</b>		<b>MI&amp;E:</b>		<b>Day of Departure, Day of Return, MI&amp;E is 75%</b>
Lodging - Receipts Required				
MI&E (Meals and Incidentals) - No Receipts Required Allowance for meals not provided. If aboard vessel all day, no MI&E authorized.				
Breakfast      Lunch      Dinner				
<b>C) Total Per Diem</b>				
<b>DAILY EXPENSES SUBTOTALS (A + B + C)</b>				
<b>1) TOTAL TRAVEL EXPENSES CLAIMED</b>				
<b>No Calls/No Shows (Vessel Name &amp; Date Trip Scheduled)</b>	Confirmation Number	A) Hourly Salary Rate	B) Total Hours	Paid Time (Multiply A by B)
<b>Land Hours (Debriefing, Exit Interviews)</b>	Date	A) Hourly Salary Rate	B) Total Hours	Paid Time (Multiply A by B)
<b>2) TOTAL PAID TIME CLAIMED</b>				
<b>GRAND TOTAL CLAIMED (Add 1 and 2)</b>				

\_\_\_\_\_  
Employee's Signature / Date

\_\_\_\_\_  
Supervisor's Signature / Date

\_\_\_\_\_  
Date Voucher Received

ADDITIONAL COMMENTS:

UNITED STATES DEPARTMENT OF COMMERCE  
National Oceanic and Atmospheric Administration  
National Marine Fisheries Service  
Office of Law Enforcement  
55 Great Republic Drive, Suite 02-300  
Gloucester, MA 01930  
(978)281-9213

Date: **October 1, 2010**

To whom it may concern:

The F/V \_\_\_\_\_, official number or state vessel license number \_\_\_\_\_, has been selected on \_\_\_\_\_ to carry a National Oceanic and Atmospheric Administration (NOAA) National Marine Fisheries Service (NMFS) certified observer, but has been deemed inadequate or unsafe to carry an observer due to the following conditions.

\_\_\_\_\_ The vessel does not have a current United States Coast Guard (USCG) Commercial Fishing Vessel Safety Examination (CFVSE) decal or written exemption from the decal requirement.

\_\_\_\_\_ The vessel does not have one or more of the following safety devices currently inspected, in working order, and in sufficient quantity:

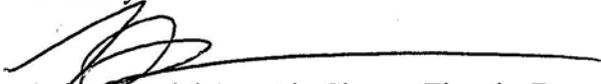
- \_\_\_\_\_ (1) Personal flotation devices/immersion suits;
- \_\_\_\_\_ (2) Ring buoys or other allowable flotation;
- \_\_\_\_\_ (3) Distress signals;
- \_\_\_\_\_ (4) Fire extinguishing equipment, when required;
- \_\_\_\_\_ (5) Emergency position indicating radio beacon (EPIRB), when required; and
- \_\_\_\_\_ (6) Survival craft, when required, with sufficient capacity to accommodate the total number of persons, including the observer(s), that will embark on the voyage.

Because this vessel has been selected to carry an observer on its next fishing trip, it is illegal for this vessel to engage in the following fishing activity without an observer on board.

- 1) Any Category I or II fishery currently listed under the Marine Mammal Protection Act.
- 2) Any federally permitted fishery in the Northeast region listed in 50 C.F.R Sections 648.11(a) and 697.12. Currently, those species are Atlantic sea scallops, NE multispecies, monkfish, skates, Atlantic mackerel, squid, butterfish, scup, black sea bass, bluefish, spiny dogfish, Atlantic herring, tilefish, Atlantic deep-sea red crab; summer flounder (moratorium permit), and American lobster.

An observer cannot depart on this vessel until the corrective measure(s) have been completed. If the vessel fishes in one of the fisheries listed above without carrying an observer or receiving a waiver to carry an observer, seizure of the vessel's catch, termination of the trip and/or civil penalty assessments to the owner and/or operator of the vessel may occur. Once the corrective measure(s) have been completed, please contact **Sara Wetmore for Northeast Vessels at (508) 495-2227; (508) 642-6005 and Mike Tork for Mid-Atlantic Vessels at (508) 495-2339; (508) 274-4859.**

Sincerely:



Acting Special Agent in Charge, Timothy Donovan  
NOAA Fisheries Office of Law Enforcement



\*The following is a list of examples that you should/could check while doing a vessel walk through. They are listed here to assist you in determining the relative safety of a particular vessel. The list is not comprehensive, but one that is intended to start you thinking.

- Does the vessel seem well maintained? Is it neat, clean and being maintained by a careful and prepared crew?
- Any visible hydraulic leaks?
- Is the vessel being used for the purpose it was originally designed? Have significant changes been made?
- Do obvious hazards exist? Note potentially hazardous areas/conditions. ALWAYS USE CAUTION AROUND WINCHES.
- Identify water tight doors. Can they be secured in case of severe weather or emergencies?
- Are the hatches or passageways blocked or difficult to get to?
- Does the deck gear appear to be in good working condition? Identify unsafe areas. Note overhead wires or rusted/worn shackles or blocks.
- Is the vessel long overdue for a haul out (excessive growth at waterline or hull paint in poor condition)?
- How often is the bilge pump going on?
- How is the fish hold covered? Is hatch readily available and in good condition? Are there other openings in the deck and are good hatches in place or readily available?
- Would anything prevent you from abandoning ship from the living quarters?
- What are the escape routes from every part of the vessel you might find yourself?
- Visualize egress for all possible scenarios (fire, flooding, capsized, dark, etc.) and mentally note landmarks.
- What are the most combustible items on board and where are they stored?
- Are there any exposed exhaust pipes/manifolds that might pose burn hazards?
- Is there heavy equipment on deck that is not latched down?
- Are there any exposed drive chains, pulleys or belts?
- Would you be able to access the life raft if conditions were icy or the wheelhouse was on fire?
- Wood hulls: Rust stains between planks?(may indicate weak fasteners). Protruding planks or inconsistencies in the hull? (may indicate broken frame/fasteners). Wood rot present? (if yes, likely to be worse in unseen areas).
- Are there safety issues involved with boarding?
- Is the number and size of the scuppers sufficient to be effective? Do they become plugged during fishing practices?
- Is there a station bill posted and is your role clear during all shipboard emergencies?
- Are there emergency instructions, or did the captain (or designee) give safety orientation, explaining the following: survival craft embarkation stations; survival craft assignments; fire/emergency/ abandon ship signals; procedures for rough weather; procedures for recovering man overboard; procedures for fighting fire; essential actions required of each person in an emergency?

**\*Required to conduct at least 1 of the following: 1) orientation, 2) safety instructions or 3) safety drills.**

\*The following are examples of things to consider related to the vessel design or fishing practices in determining general concerns with vessel stability.

- Note the roll period of the vessel. Generally a boat with a quick, snappy roll is more stable than a boat that has a slow or sluggish roll period. A boat that seems to hesitate on its side, before righting, could be unstable.
- Does the vessel list excessively?
- Do the fishing practices involve a pattern of towing heavy bags or dumping the catch to one side of the vessel?

**Comments**

**Stability**

**WHEN WAS THE LAST TIME YOU CHECKED YOUR PERSONAL SAFETY EQUIPMENT?**

**Please check the method you used to verify the EPIRB hydrostatic release and battery expiration dates:**

- Visual inspection; record card number and date issued below
- EPIRB Visual Inspection Card (EVIC); record card number and date issued below
- Approved USCG documentation (comments required)

EVIC card number      Date issued     (MM/YY)

Observer signature \_\_\_\_\_

Date \_\_\_\_\_

Fishing Year 2010

PORT LAND	DAYS	TRIPS	VESSELS
GLOUCESTER, MA	1827	987	96
NEW BEDFORD, MA	1390	206	53
CHATHAM, MA	631	505	27
BOSTON, MA	603	94	16
PORTLAND, ME	412	145	24
POINT JUDITH, RI	355	182	34
SCITUATE, MA	156	134	10
RYE, NH	151	149	5
PORTSMOUTH, NH	113	82	11
HARWICHPORT, MA	93	66	3
PORT CLYDE, ME	67	19	5
SEABROOK, NH	64	64	7
NEWBURYPORT, MA	55	55	3
HAMPTON, NH	48	45	5
CAPE PORPOISE, ME	44	36	3
FAIRHAVEN, MA	35	8	4
KITTERY, ME	33	27	3
PROVINCETOWN, MA	29	26	2
KENNEBUNKPORT, ME	27	26	3
ROCKPORT, MA	22	22	3
STONINGTON, CT	22	20	3
POINT PLEASANT, NJ	19	12	4
NEW LONDON, CT	18	6	3
CAMP ELLIS, ME	14	14	1
DENNIS, MA	14	14	4
PLYMOUTH, MA	14	14	3
HAMPTON/SEABROOK, NH	13	13	6
LITTLE COMPTON, RI	12	5	1
BARNEGAT LIGHT/LONG BEACH, NJ	11	6	4
MONTAUK, NY	11	10	8
NANTUCKET, MA	10	2	1
MARBLEHEAD, MA	8	8	1
NEWPORT, RI	8	2	2
SACO, ME	7	7	1
BELFORD, NJ	6	6	1
SANDWICH, MA	6	6	3
HYANNIS, MA	4	1	1
BOOTHBAY HARBOR, ME	3	3	1
PORTSMOUTH, RI	3	1	1
OTHER WASHINGTON, RI	3	3	1
MARSHFIELD, MA	2	2	2
TIVERTON, RI	2	2	1
SOUTHWEST HARBOR, ME	2	1	1
OTHER R.I., RI	2	2	1
EAST BOOTHBAY, ME	1	1	1
GREEN HARBOR, MA	1	1	1
WESTPORT, MA	1	1	1
HYANNISPORT, MA	1	1	1
HAMPTON BAYS, NY	1	1	1

Fishing Year 2011 (through Nov 3)

PORT LAND	DAYS	TRIPS	VESSELS
GLOUCESTER, MA	1079	535	76
NEW BEDFORD, MA	801	133	43
CHATHAM, MA	421	380	26
BOSTON, MA	312	45	15
PORTLAND, ME	153	82	22
POINT JUDITH, RI	101	69	12
SCITUATE, MA	91	89	9
RYE, NH	79	79	5
PORTSMOUTH, NH	72	65	7
HAMPTON, NH	52	52	4
PORT CLYDE, ME	51	15	5
SEABROOK, NH	43	43	7
CAPE PORPOISE, ME	42	41	3
KITTERY, ME	36	36	3
NEWBURYPORT, MA	31	25	2
PROVINCETOWN, MA	25	23	3
NANTUCKET, MA	16	4	2
KENNEBUNKPORT, ME	15	15	1
MARBLEHEAD, MA	13	13	1
OTHER R.I., RI	13	5	2
SACO, ME	13	13	1
HAMPTON/SEABROOK, NH	11	11	5
PLYMOUTH, MA	10	9	3
ROCKPORT, MA	10	10	3
HARWICHPORT, MA	9	5	2
CAMP ELLIS, ME	8	8	1
LITTLE COMPTON, RI	7	3	2
CUNDYS HARBOR, ME	6	6	2
WESTPORT, MA	6	6	1
SANDWICH, MA	6	5	1
BARNSTABLE, MA	5	5	1
BAR HARBOR, ME	4	1	1
DENNIS, MA	4	2	2
MARSHFIELD, MA	4	4	3
FAIRHAVEN, MA	4	2	2
NEW LONDON, CT	3	1	1
BOOTHBAY HARBOR, ME	2	2	1
YORK, ME	2	2	1
GREEN HARBOR, MA	2	2	1
MANCHESTER, MA	1	1	1
NEWPORT, RI	1	1	1
STONINGTON, CT	1	1	1
OTHER SUFFOLK, MA	1	1	1

SCRIPT

```
select portnm||', '||stateabb as portland,
sum(dateland-datesail+1) as days,
count(unique yearland||tripid) as trips,
count(unique hullnum1) as vessels
from obdbs.asmtrp_entry t
join port p on t.portland = p.port
where ((yearland = '2011' and monthland >= '05')
or (yearland = '2012' and monthland <= '04'))
and program like '23%'
group by portnm||', '||stateabb
```

**SECTION J  
ATTACHMENTS  
CAPTAIN INTERVIEW QUESTIONS**

Tripid \_\_\_\_\_

Date of Trip(s) \_\_\_\_\_ Date of Interview \_\_\_\_\_

Vessel Name \_\_\_\_\_

Operator Name \_\_\_\_\_

Was the at-sea monitor on time? Y N

Did the at-sea monitor clearly explain his/her duties to you? Y N

Did the at-sea monitor give you the At-sea monitor Duties Sheet? Y N

Did the at-sea monitor explain their duties in regards to incidental takes of Y N  
marine mammals, turtles and sea birds?

Was there a marine mammal, turtle or seabird caught during this trip? Y N

Did the at-sea monitor measure the gear (i.e. codend if this is a trawl trip)? Y N

Did the at-sea monitor weigh the catch? Y N

Did the at-sea monitor take lengths (or shell heights) and biological Y N  
samples (if required) from the catch?

Did the at-sea monitor wear their PFD (life vest) while on deck? Y N

Did the at-sea monitor hinder your operations in any way? Y N

Did the at-sea monitor get along well with you and your crew? Y N

Is the at-sea monitor welcome on your vessel again? Y N

Did the at-sea monitor offer the captain a comment card? Y N



Attachment 26  
RFP EA133F-12-RP-0119

## SECTION J ATTACHMENTS

Northeast Fisheries At-sea Monitor Program Policies

### **Monitor Performance Monitoring, Review, Probation and Decertification**

#### Monitoring Data Quality:

The Northeast Fisheries At-sea Monitoring Program (ASM) holds monthly Data Quality (DQ) meetings to review all aspects of the programs data quality. One of the key elements of these meetings is for the Data Quality Lead, Data Editors and various Fisheries Sampling Branch (FSB) staff to discuss performance of individual monitors. Editors summarize monitor data quality, including submission errors, communications, timeliness, and following sampling guidelines. Their feedback is presented to the Data Quality Lead for review and discussion.

#### Pre-Probation:

If the Data Quality Lead finds that there are significant issues with the performance and/or data submitted by a monitor, s/he will provide to the Area Leads (Northeast, Mid-Atlantic and Groundfish) and the Branch Chief a written record of the issues and recommend that the individual be monitored for pre-probation. Reasons for pre-probation could include: poor data collection, not understanding nor adhering to ASM protocols, and not contacting their editor in a timely manner. The Data Quality Lead will refer their findings in writing (e-mail) to the Branch Chief who will then submit the memo in writing (e-mail or letter) to the ASM Contract COTR to ensure that the Program Manager, Area Coordinator(s), and the monitor are notified of the issues and concerns. Additionally, the Data Quality Lead will be the first to inform the monitor, by phone or in person, that they have been placed on pre-probation and explain their pre-probation plan to them. At this time, the monitor will discontinue trips until they are notified by the Data Quality Lead. Additionally, the monitor will be required to attend an in-person debriefing at Falmouth Technology Park or an alternative agreed upon location. The monitor may be required to take two or more pre-probationary trips. After each trip, the monitor will have to wait to continue to take anymore trips until they have been debriefed by their editor. The Data Quality lead will send an e-mail to the Program Manager and the Area Coordinator when the monitor is approved to continue. If there is no discernable improvement in the monitor's performance within the first two trips after they have been notified of their pre-probationary status, probation will be recommended. The monitor's pre-probationary trips will not be coded as training trips in the database. The two pre-probationary trips should take place within 2 months after the monitor has been informed of their pre-probationary status. Situations that cannot meet these criteria can be dealt with on a case by case basis.

Probation:

If probation is recommended, the Data Quality Lead will provide a written memo to the Area Leads (Northeast, Mid-Atlantic, and Groundfish) and the Branch Chief explaining why the monitor has been recommended for probation. The Branch Chief will be notified who will then in turn, notify the ASM Contract COTR, the Program Manager, and the monitor of their decision of the probationary action, in writing.

An emergency probationary may be invoked at anytime if there was reason to believe some egregious violation of procedures or protocols had been committed. This action will be carried out by the Branch Chief following discussions with Area Leads, and Data Quality Lead. The Branch Chief will notify the Monitor Contract COTR, the Program Manager, and the monitor of their decision in writing. Typically this is a short term probation pending an investigation as to the nature of the offense and may result in decertification and/or criminal charges.

Once the Program Manager is made aware that the monitor will be placed on probation, the Data Quality Lead will contact the monitor to inform him/her of the decision. Once notified that s/he is on probation the monitor shall cease conducting trips and a debriefing at Falmouth Technology Park, or other agreed upon location, will be scheduled. Prior to this meeting, a performance plan will be developed that will summarize the major issues the monitor must improve upon before the end of their probationary status. It will also entail what types of trips (i.e., gear types and trip duration) the monitor should go on. After the debriefing, three trips will be planned. Each individual trip must be completely reviewed and approved before the monitor deploys on successive trips. If these three trips are deemed acceptable, the monitor may continue taking trips in the standard manner. If the trips are deemed unacceptable or other errors have occurred the monitor may be kept on probationary status for a longer period of time or may be decertified.

Decertification:

If there is no discernable improvement in the monitor's performance during the three probationary trips, the monitor will be decertified by the Branch Chief. Decertification will be communicated by written notification to the ASM Contract COTR, the Program Manager, and the monitor. Once the Program Manager is made aware that the monitor will be decertified, the Data Quality Lead will contact the monitor to inform him/her of the decision.

A monitor will be decertified, regardless if they have been on probation or not, who fail to abide by the established standards of conduct and conflict of interest, or whose performance is determined to be unsatisfactory.

A monitor will automatically be decertified for failure to conform to the Standards of Conduct signed during the At-sea monitor training. A monitor will be decertified if they falsify data. Falsification is defined as: *The act of deliberately or knowingly fabricating data collected*

*during observed fishing trips, this includes intentional recording of inaccurate data, intentional omission or deletion of data, intentional plagiarism, or, in general, the selective alteration of data.* The decertification procedure is subject to appeal in writing from the monitor to the Branch Chief. The Branch Chief's determination of decertification is final. Decertification will disqualify a monitor from re-applying for work with the Northeast Fisheries At-sea Monitoring Program and/or Northeast Fisheries Observer Program.

Expiration of Certification:

If an individual has not completed an observed trip as a certified monitor in the Northeast Fisheries At-sea Monitoring Program over a one-year period, their certification will expire. To become recertified, the monitor must successfully complete the next available At-sea Monitoring Recertification training conducted at Falmouth Technology Park.

Leave of Absence:

If a monitor goes on a Leave of Absence (LOA) they must notify the ASM COTR of the following information:

- Name of observer
- Expected start time of LOA
- Estimated duration of LOA

If the monitor is going on an LOA for a month or more the contractor must collect the NMFS issued gear and Common Access Card (CAC) from the monitor. They can either store the gear in their own facility or send to the FSB in Falmouth, MA. If the monitor is expected to be gone for more than 6 months or the provider is unsure if the monitor will be coming back to the program, they must complete an in-house exit interview that should be scheduled with the ASM COTR. If that's the case, the gear and CAC will be returned to NMFS and stored until the monitor returns from their LOA. Finally, for all monitors who are leaving for over a month, they will be required to call into their editor before they deploy on a trip for a debriefing.

**SECTION J  
ATTACHMENTS**

**CONTRACTOR STANDARDS OF CONDUCT**

1. Not have a direct or indirect interest in a fishery managed under Federal regulations, including, but not limited to, fishing vessels, dealers, shipping companies, sectors, sector managers, advocacy groups, or research institutions and may not solicit or accept, directly or indirectly, any gratuity, gift, favor, entertainment, loan, or anything of monetary value from anyone who conducts fishing or fishing-related activities that are regulated by NMFS, or who has interests that may be substantially affected by the performance or nonperformance of the official duties of service providers (Attachment 2). This does not apply to corporations providing reporting, dockside, and/or at-sea monitoring services to participants of another fishery managed under Federal regulations.
2. The Contractor shall assign at-sea monitors without regard to any preference expressed by representatives of vessels based on, but not limited to, at-sea monitor race, gender, age, religion, or sexual orientation.

## SECTION J ATTACHMENTS IT SECURITY CHECKLIST

### Information Security in Acquisition Checklist

**Instructions:**

This information security checklist with appropriate signatures must be completed for Information Technology (IT) acquisitions within the Department of Commerce (DOC). This represents a list of important or relevant actions (steps) that must be taken to ensure that security considerations were incorporated into IT acquisitions. You can assume that if the answer to a question does not redirect you to a new question further down the checklist, then you should proceed to the next question until you obtain the final concurrence signatures. Each checklist question should be addressed in coordination with the Acquisition team including: the Procurement Requestor from the program office, the Procurement Contracting Officer Technical Representative (COTR), OU Approved Program/ Requesting Office IT Security Officer, and Acquisition Contracting Official (CO).

**Background:**

Information Security is an important business process that should be considered in all phases of the acquisition process to ensure data and information technology systems are adequately protected against risk of loss, misuse, and unauthorized access. In accordance with the Federal Information Security Management Act (FISMA), contractor access to government information or government information technology (IT) systems requires compliance with the agency IT Security Policy. All information technology acquisitions must meet the requirements outlined in the Federal Acquisition Regulation (FAR) Part 39.101 (d) policy ensuring the use of common security configuration checklists in the management of risk. National Institute of Standards and Technology (NIST) defines a security configuration checklist (also called a lockdown, hardening guide, or benchmark) as a document that contains instructions for securely configuring an IT product for an operational environment or verifying that an IT product has already been securely configured. The National Checklist Program (NCP) is the U.S. government repository of publicly available security checklists that provide detailed guidance on setting the security configuration of operating systems and applications. The NCP, as defined by NIST SP 800-70 Revision 1, conforms to the Security Content Automation Protocol (SCAP) that enables numerous SCAP-validated security tools to automatically perform configuration checking using NCP checklists. Whenever feasible, organizations should apply checklists to operating systems and applications to reduce the number of vulnerabilities that attackers can attempt to exploit and to lessen the potential impact of successful attacks. *Note: The NCP checklists exclude equipment that is being acquired for specialized Research and Development (R&D) or scientific purposes.*

	System(s):	Date:
1	<p><b>Does this acquisition involve a hardware or software product purchase?</b></p> <p>Note: If the answer is No, then proceed to question 2.</p> <ul style="list-style-type: none"> <li>• If the answer is Yes, then include appropriate clauses into the solicitation and contract to ensure this acquisition meets <a href="#">2009 DOC ITSP</a> media sanitization requirements and FAR 39.101(d) regulations involving NIST common security configuration checklists, including Federal Desktop Core Configuration (FDCC) or United States Government Configuration Baseline (USGCB) initiative. Proceed to question 2.</li> </ul>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

**Information Security in Acquisition Checklist**

2	<p><b>Will any personnel involved in this acquisition perform a function/role that requires access to a system(s) that processes non-public or sensitive DOC data?</b>  <i>For example, requiring a DOC e-mail account, system administrator access to a DOC system, vendor installation/maintenance, or contractor personnel operating system(s) that process DOC data.</i></p> <p>Note: If the answer is No, then proceed to question 3.  If the answer is Yes, then Contracting Officials should work with the COTR to incorporate contract language from Commerce Acquisition Regulation (CAR) Final Rule 48 CFR 13, specifically:</p> <ul style="list-style-type: none"> <li>• Determine and document appropriate National Institute of Standards and Technology (NIST) Federal Information Processing Standards Publication (FIPS PUB) 199, <i>Standards for Security Categorization of Federal Information and Information Systems</i> (<a href="#">FIPS-PUB-199-final.pdf</a>), Security Categorization risk designation and assist in the coordination with DOC Office of Security (OSY) for personnel screenings, and staff from the OU IT Security Office. Insert the appropriate clauses into the contract. Select from: <ul style="list-style-type: none"> <li>• <a href="#">Security processing requirements—high or moderate risk contracts.</a></li> <li>• <a href="#">Security processing requirements—low risk contracts.</a></li> <li>• <a href="#">Security processing requirements—national security contracts.</a></li> <li>• <a href="#">Foreign national visitor and guest access to departmental resources.</a></li> </ul> </li> <li>• Determine and document appropriate FISMA requirements to be met in the contract, and assist in the coordination with DOC Office of Security (OSY) for personnel screenings, and the IT Security Office involving <a href="#">2009 DOC ITSP</a> requirements for a Security Authorization (C&amp;A).</li> <li>• Take appropriate action, in consultation with the COTR, DOC Office of Security, and DOC Office of General Counsel, regarding the personnel screening forms.</li> <li>• Determine the appropriateness of allowing interim access to DOC IT systems pending favorable completion of a pre-employment check.</li> <li>• Incorporate appropriate clauses from CAR <a href="#">1352.239-72 Security requirements for information technology resource</a> into the solicitation and contract to ensure that the requirements, such as annual IT security awareness training, are enforceable on contract personnel.</li> <li>• Take appropriate action, in consultation with your Privacy Officer, to ensure that the services, systems, and/or products being procured comply with existing privacy laws and policies regarding protection, maintenance, dissemination and disclosure of information.</li> <li>• In consultation with the Contracting Officer, make sure FAR and all other applicable clauses protecting personal privacy interests are included. (e.g. 48 CFR 24.104)</li> </ul> <p>Proceed to question 3.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></p>
3	<p><b>Will this acquisition involve Government property located at an off-site contractor-controlled facility that will be used for transmitting, processing, and storing DOC data?</b></p> <p>If the answer is No, then proceed to question 4.  If the answer is Yes, then include <a href="#">CAR 1352.239-72, Security Requirements for Information Technology Resources</a>, into the solicitation and contract. Initiate the appropriate Security Authorization (C&amp;A) of the contractor system(s) involved and include clauses to ensure this acquisition meets <a href="#">2009 DOC ITSP</a> security requirements for transmitting, processing, and storing data. Proceed to question 4.</p>	<p>Yes      No</p>

**Information Security in Acquisition Checklist**

4	<p><b>Will this acquisition involve a service level agreement?</b>  <i>For example, contractor maintenance on DOC system hardware or software, Software as a Service (SaaS), i.e., Cloud Computing, or External Data Storage or Contingency Emergency Back-up facility.</i></p> <p>Note: If the answer is No, then proceed to question 5.</p> <ul style="list-style-type: none"> <li>If the answer is Yes, then initiate appropriate Security Authorization (C&amp;A) of the contractor system(s) involved and include clauses to ensure this acquisition meets <a href="#">2009 DOC ITSP</a> security requirements for transmitting, processing, and storing data, NIST Special Publication (SP) 800-37 Revision 1: <i>Guide for Applying the Risk Management Framework to Federal Information Systems: A Security Life Cycle Approach</i> (<a href="#">sp800-37-rev1-final.pdf</a>) and SP 800-64 Revision 2, <i>Security Considerations in the Information System Development Life Cycle</i> (<a href="#">SP800-64-Revision2.pdf</a>) involving nondisclosure of information. Ensure that data portability, data breach notification, and data disposal are considered in the contract. Insert clauses from Commerce Acquisition Manual (CAM) Chapter <a href="#">1337.70, Personnel Security Processing Requirements for Service Contracts (Amended)</a>, into the contract. Proceed to question 5.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	<p><b>Do you have any supplemental information to add to this checklist?</b></p> <p>Note: If the answer is No, then proceed to <i>Signatures</i> section below to obtain signatures. If the answer is Yes, then please attach appropriate supplemental information to this checklist and proceed to <i>Signatures</i> section below to obtain signatures.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Signatures:**

By signing this checklist, the Contracting Officer is representing that operating unit information security management oversight and appropriate due diligence were considered for this acquisition process.

**Procurement COR/COTR:**

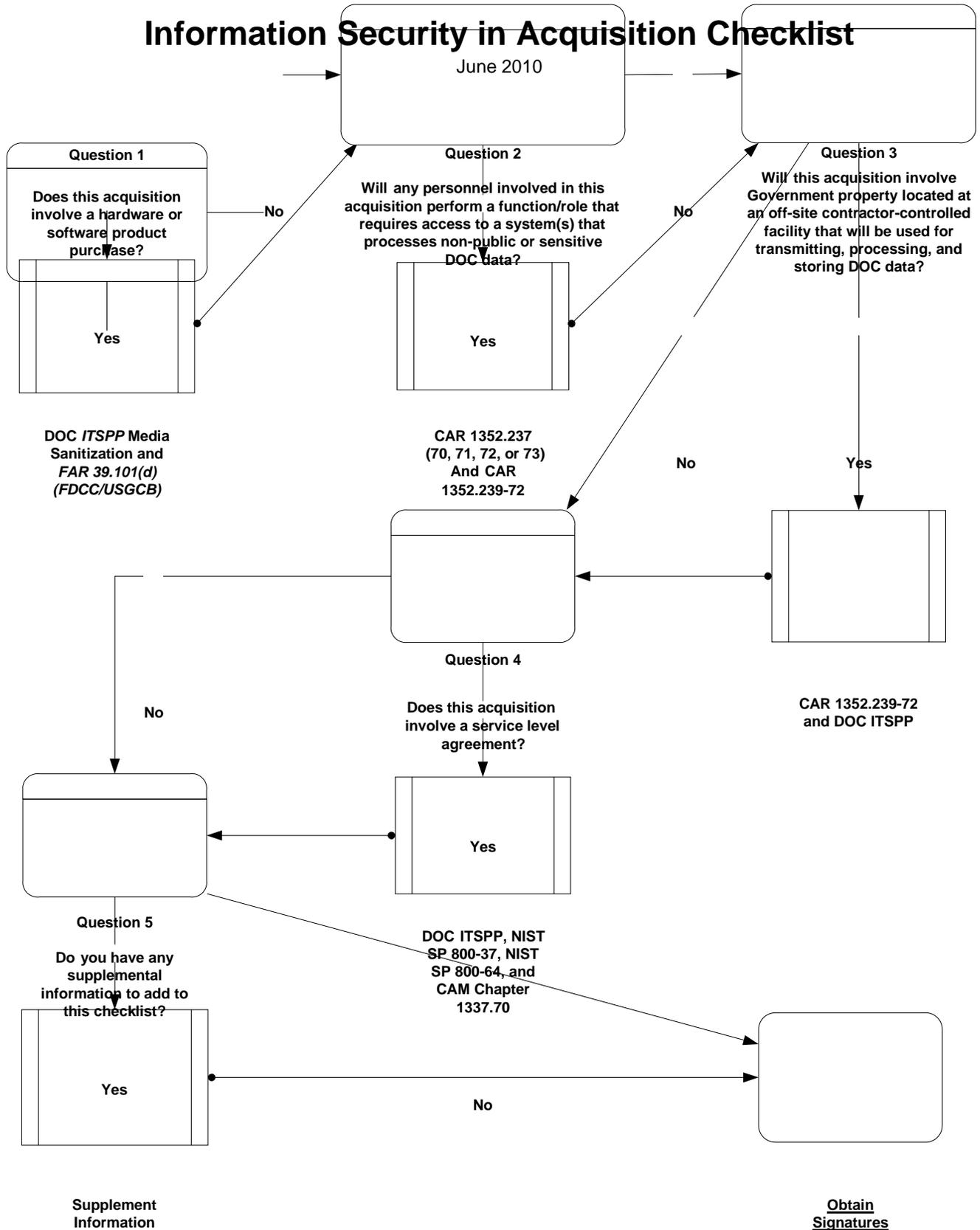
Name: <input type="text"/>	Phone: <input type="text"/>
Signature: <input type="text"/>	
Date: <input type="text"/>	

**OU approved Program/Requesting Office IT Security Officer:**

Name: <input type="text"/>	Phone: <input type="text"/>
Signature: <input type="text"/>	
Date: <input type="text"/>	

**Contracting Officer:**

Name: <input type="text"/>	Phone: <input type="text"/>
Signature: <input type="text"/>	
Date: <input type="text"/>	



## Information Security in Acquisition Checklist

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**References:**

**Commerce Acquisition Manual Chapter 1337.70:** Personnel Security Processing Requirements for DOC Service (<http://oam.ocs.doc.gov/docs/CAM-1337-70-Personnel-Security-ProcessingRev061212.pdf>).

**Commerce Office of Security (OSY) Manual of Security Policies and Procedures:** (<http://home.commerce.gov/osy/SecurityManual/Security%20Manual%20Contents2.pdf>).

**Federal Acquisition Regulation (FAR) Part 39.101 (d) Policy:** Use of Common Security Configurations (<https://www.acquisition.gov/far/html/FARTOCP39.html> references NIST website <http://checklists.nist.gov>).

**Federal Desktop Core Configuration (FDCC):** OMB M-07-18, Ensuring New Acquisitions Include Common Security Configurations, (<http://www.whitehouse.gov/OMB/memoranda/fy2007/m07-18.pdf>).

**United States Government Configuration Baseline (USGCB):** USGCB baseline initiative evolved from the Federal Desktop Core Configuration mandate (<http://usgcb.nist.gov/index.html>).

**IT Security Program Policy:** ([http://home.commerce.gov/CIO/ITSITnew/DOC%20\\_TSP\\_P\\_2009\\_Final\\_.pdf](http://home.commerce.gov/CIO/ITSITnew/DOC%20_TSP_P_2009_Final_.pdf)).

**National Checklist Program (NCP):** United States Government Repository of Publicly Available Security Checklists (<http://web.nvd.nist.gov/view/ncp/repository>).

**NIST SP 800-37 Revision 1:** Guide for Applying the Risk Management Framework to Federal Information Systems: A Security Life Cycle Approach, February 2010, (<sp800-37-rev1-final.pdf>).

**NIST SP 800-64 Revision 2:** Security Considerations in the Information System Development Life Cycle, Revision 2, October 2008, (<SP800-64-Revision2.pdf>).

**NIST SP 800-70 Revision 1:** National Checklist Program for IT Products - Guidelines for Checklist Users and Developers, September 2009, (<sp800-70r1.pdf>).

**Security Content Automation Protocol (SCAP) Validated Products:** <http://nvd.nist.gov/scapproducts.cfm>.

Version	Date	Revised by	Comment
2	4/2009	N. Gassama/A. Helzer	Updated to include OMB 07-18 FDCC requirements
2.1	8/2009	A. Helzer (OCIO)	Updated to include OIG comments
2.2	3/2010	A. Helzer (OCIO)	Updated to include OCIO and OAM comments
2.3	6/2010	A. Helzer (OCIO)	Updated to include OU comments
2.4	8/2010	A. Helzer (OCIO)	Updated to include OGC comments
2.4.1	8/2010	A. Helzer (OCIO)	Updated to remove reference to FAR Subpart 45.5 clause

We appreciate your continued efforts to make the Department's IT security posture more effective and efficient. If you have any questions, please contact ITSecurity at [ITSecurity@doc.gov](mailto:ITSecurity@doc.gov).

**SECTION J  
ATTACHMENTS**

**UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF  
INFORMATION**

**Carefully read this authorization to release information about you, then sign and  
date it in ink.**

**I Authorize** any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retain business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, employment history, and criminal history record information.

**I Understand** that, for some sources of information, a separate specific release will be needed and I may be contacted for such a release at a later date.

**I Authorize** custodians of records and sources of information pertaining to me to release such information, upon request of the investigator, special agent, or duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

**I Understand** that the information released by records custodians and sources of information is for official use by the Federal Government only, to determine my suitability to work as a contract employee, and may be re-disclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are valid as the original release signed by me. This authorization is valid for two (2) years from the date signed or for the duration of my contract employment as an observer supporting the  
\_\_\_\_\_ At-Sea Monitoring Program

Signature (Sign in Ink):

Date Signed:

\_\_\_\_\_  
Full Name: \_\_\_\_\_

Other Names Used:

Social Sec. Number:

\_\_\_\_\_

Current Address (Street, City, State, Zip Code):

\_\_\_\_\_

Home Telephone Number (include area code): \_\_\_\_\_

**SECTION J  
ATTACHMENTS**

**MEDICAL FITNESS REQUIREMENTS**

The following document is required to be used by the contractor when documenting and evaluating if an at-sea monitor is fit for duty. The contractor is responsible for retaining these records in a manner that is consistent with all applicable state and federal laws.

Medical Questionnaire and Associated Information

Section A: Letter to physician from at-sea monitor employer.

Section B: At-sea monitor health questionnaire

Section C: Emergency contact information.

Section D: Physician certifying at-sea monitor fit for duty.

Section A: Letter to physician from at-sea monitor employer

Dear Physician,

The attached Fisheries At-sea monitor Health Questionnaire form is to certify that the patient is physically fit to work as a fisheries at-sea monitor on a domestic fishing vessel. As a physician, you should understand the at-sea monitor's job and working conditions. Physical considerations include, but are not limited to:

- Being at sea with limited medical assistance for 1 to 14 days at a time.
- Being in heavy seas that could cause chronic motion sickness.
- Living in confined spaces for extended periods.
- Having the ability to tolerate stress.
- Lifting baskets up to 50 lb or moving 200 lb. carcasses across the deck.
- Ascending and descending steep ladders to and from fishing boats at the docks.
- Climbing across boats, over fishing gear, and atop wheelhouses to get to a docked vessel.
- Having irregular meals, sometimes with non-traditional food, cooked in non-traditional ways.
- Living on a boat with limited sanitary and/or washing facilities.
- Enduring hot and cold temperatures.
- Being subjected to cigarette smoke and diesel fumes.

**Section B: At-sea monitor health questionnaire**

<b>Name:</b>		
<b>Last</b>	<b>First</b>	<b>MI</b>
<b>Program:</b>		
<b>Position:</b>		
<b>Birth Date:</b>	<b>Sex:</b>	
<b>Work Address:</b>		
<b>Phone:</b>		
<b><u>HEALTH INFORMATION</u></b>		
<b>General State of Health:</b>		
<b>Presently under the care of a physician?</b>		
<b>Physician's Name:</b>	<b>Physician's Phone Number:</b>	
<b>Month/Year of last Physical Exam:</b>		
<b>List current medications (prescription and non-prescription):</b>		
1.		
2.		
3.		
4.		
<b>List Allergies:</b>		
	<b><u>Allergy</u></b>	<b><u>Reaction</u></b>
1.		

2.

3.

4.

**List ALL active health problems:**

1.

2.

3.

4.

**Major Surgeries / Hospitalizations / Emergency Room Visits:**

Year      Reason

1.

2.

3.

4.

**List Any Dietary Restrictions:**

1.

2.

3.

4.

**GENERAL SCREENING**

**As an adult, have you had or experienced?**

	No	Yes		No	Yes
<b>Cancer:</b>			<b>Severe Depression:</b>		
<b>Tuberculosis:</b>			<b>Paralysis:</b>		
<b>Asthma:</b>			<b>Epilepsy:</b>		
<b>Hepatitis:</b>			<b>Impaired Mobility:</b>		
<b>Chronic Cough:</b>			<b>Severe Hearing Loss:</b>		
<b>Coughed Up Blood:</b>			<b>Severe Visual Impairment:</b>		
<b>Recent unexplained gain or loss of 20 lbs or more</b>			<b>Periods of Unconsciousness:</b>		
			<b>Severe Motion Sickness:</b>		

**Explain any YES answers above:**

**CARDIAC SCREENING**

**As an adult, have you had or experienced?**

	No	Yes		No	Yes	(and value if known)
<b>Abnormal EKG:</b>			<b>Hypertension:</b>			<b>Recent reading:</b>
<b>Sedentary Life Style:</b>			<b>Diabetes:</b>			<b>HgA1C:</b>
<b>Family History of Heart Attack before age 45:</b>			<b>High Cholesterol:</b>			<b>Recent reading:</b>
<b>Heart Attack:</b>			<b>Tobacco Use:</b>			<b>Packs/day:</b>
<b>Shortness of Breath:</b>			<b>Prolonged Chest Pain:</b>			
			<b>Fainting spells/Syncope:</b>			

**Explain any YES answers above:**

Your blood type \_\_\_\_\_ Medic alert tag? \_\_\_\_\_

Your usual blood pressure \_\_\_\_\_ Pulse rate \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Do you wear contact lenses? \_\_\_\_\_

List your corrected vision- Left eye \_\_\_\_\_ Right eye \_\_\_\_\_

Do you have color blindness? \_\_\_\_\_

Are you right handed or left handed? \_\_\_\_\_

Have you experienced any back injuries or back problems? If so, please explain below.

\_\_\_\_\_

Have you experienced any mental condition or nervous breakdown? If so, please explain below.

Are you aware of any other medical conditions(s) that may affect your suitability for sea duty? No Yes  If yes, please explain on the continuation page.

The information provided is complete to the best of my knowledge.

Signature:

Date:

MEDICALLY CLEARED FOR SEA DUTY BY HISTORY:

No Yes Need More Info

Examiner:

Date:

**Section C: Emergency contact information.**

***EMERGENCY INFORMATION FORM***

Name: \_\_\_\_\_

Employed By: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

In Emergency Notify:

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Section D: Physician certifying at-sea monitor fit for duty.**

The purpose of this statement is to confirm that I, a licensed physician in the state of

\_\_\_\_\_ examined \_\_\_\_\_ an employee  
of

\_\_\_\_\_ on the date noted below. He/she does not have any health problems or conditions that would jeopardize his/her safety or the safety of others while deployed as an at-sea monitor. He/she does not have any health problems or conditions that would prevent him/her from performing his/her duties satisfactorily. Prior to the examination, I was made aware of the duties of the at-sea monitor and the dangerous, remote and rigorous nature of the job.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**SECTION J  
ATTACHMENTS**

**Attachment 31**

**PAST PERFORMANCE INFORMATION FORM**

<b>FIRM NAME:</b>	
<b>PROJECT INFORMATION</b>	Contract No./Purchase Order: Project Title/Location: Type: Original Contract Price:                      Final Contract Price: Original Completion Date:                      Final Completion Date: Number of Observer Services Provided under Contract/Purchase Order:
<b>PRODUCT INFORMATION</b>	Brand Name/Model Name, Number or other Identifying Nomenclature of Product Provided:
<b>DELIVERY SCHEDULE</b>	Name of Customer's Contact to verify if delivery schedules were met:
<b>PROJECT DESCRIPTION</b> (Include similarities to solicitation project AND a description of items provided by your firm). Include number of item produced, deployment performance record, stability and reliability status in multi-year missions, etc.	
<b>CUSTOMER EVALUATION</b> (Provide actual evaluation form or letter format)	
<b>PROBLEMS ENCOUNTERED and CORRECTIVE ACTIONS TAKEN</b>	
<b>POINT OF CONTACT (an individual who can evaluate performance)</b>	Company Name: Contact Name: Relationship to Project: Phone Number: Fax Number:
<b>ALTERNATE POINT OF CONTACT (an individual who can evaluate performance)</b>	Company Name: Contact Name: Relationship to Project: Phone Number: Fax Number:



ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$3.59 per hour or \$143.60 per week or \$622.27 per month

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 5 years, and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year, New Year's Day, Martin Luther King Jr's Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4174)

\*\* UNIFORM ALLOWANCE \*\*

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations", Fifth Edition, April 2006, unless otherwise indicated. Copies of the Directory are available on the Internet. A links to the Directory may be found on the WHD home page at <http://www.dol.gov/esa/whd/> or through the Wage Determinations On-Line (WDOL) Web site at <http://wdol.gov/>.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE  
{Standard Form 1444 (SF 1444)}

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section 4.6 (C)(vi)} When multiple wage determinations are included in a contract, a separate SF 1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupation(s) and computes a proposed rate(s).
- 2) After contract award, the contractor prepares a written report listing in order proposed classification title(s), a Federal grade equivalency (FGE) for each proposed classification(s), job description(s), and rationale for proposed wage rate(s), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).
- 4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.
- 5) The contracting officer transmits the Wage and Hour decision to the contractor.
- 6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination.