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| **Technology Control Plan** |
| **TCP Reference Number:** |
| **RESPONSIBLE OFFICE CONTACT: Office of Research and Economic Development****Louisiana State University****131 David Boyd Hall** **Baton Rouge, LA 70803****Phone: 225-578-5833****E-mail:** oredcompliance@lsu.edu**In the event of any suspected breech of physical or electronic data, you should report immediately to the LSU Export Control Officer.** |
| **Section A- General Project Information (section to be completed by Principal Investigator)** |
| **1. Project Title:** | **2. Sponsor (& Prime Sponsor, if applicable):** |
| **3. Project Period:**  | **Start date:**  | **4. Principal Investigator (PI):** |
| **End date:** |
|  **5. PI Email & Phone number:** | **6. Proposal Number:** |
| **7. Acknowledgment and Certification of Principal Investigator (PI):**I understand my responsibilities as a PI on this export controlled project. I have read and understand the Technology Control Plan. I will ensure that project personnel are briefed on their responsibilities under the Technology Control Plan and have signed an acknowledgement before being granted access to controlled information, materials, or equipment. During the conduct of the project, if any question arises as to the implementation of the measures herein, I will seek clarification from the LSU Export Control Office. **By signing, I certify that I have read, fully understand, and am capable of upholding my obligations under this Technology Control Plan**. |
| **Signature:** | **Date:** |
| **8. Acknowledgment of Department Head:**I acknowledge that this project will be conducted in my department and I understand that the controls listed within this Technology Control Plan are required by federal regulation and university policy. If I become aware of a breach or violation of this Technology Control Plan, I will inform the Export Control Officer immediately. |
| **Department:** | **Name:** | **Signature** | **Date:** |
| **9. Accepted by Export Control Officer:** |
| **Name:** | **Signature:** | **Date:** |

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| **The answers and information listed within this plan should be accurate and complete as of the time the plan is put in place. In the event of the any of the following actions, please contact the ECO to file an amendment to the plan.*** **Significant changes to the scope or project plan (including any new effort not originally proposed)**
* **Personnel additions or deletions**
* **IT hardware additions or deletions**
* **IT storage or software changes**
* **Physical location (office or lab additions or change)**
* **Significant changes to the physical security**

**Export Control Guidelines can be found at our** [**Export Control Manuel.**](https://www.lsu.edu/research/downloads/ExportControlComplianceManual.pdf) |
| **Section B – Summary of Project and Control Requirements to be completed by the PI** |
| **1. Provide a brief description of the project.** |
| **2. What type information, material and/or equipment will need to be protected by the controls set forth in this TCP (Select all that apply)** | □ | **a) Technical Data received from an External Source (Sponsor, collaborator, etc.)** |
| □ | **b) Technical Data generated by my research team** |
| □ | **c) Equipment/Software description:** |
| □ | **d) Materials (e.g. energetic materials, fuel, carbon nanotubes, etc.) description:** |
| □ | **e) Items that will leave the U.S.** |
| □ | **f) Other explain:** |
| **Section C – To be Completed by the Export Control Officer** |
| **3. Reason for Technology Control Plan (i.e. access, publication restriction, etc.):** |
| **4.ECCN/USML Category (list the ECCN or ITAR Category):** |
| **5.Summary of Citizenship Requirements:** |
| **6. Do Non-U.S. Persons need to be approved by the Sponsor? Yes No** |

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| **Section C - Personnel** |
| **1. Clearly identify every person (including their citizenship/permanent residency), who will require authorized access to the controlled technology / item using the table below. Access to controlled information should be limited to only those individuals who have a legitimate need to know, have been briefed on the specifics of this plan, and have signed an acknowledgment.** Note - You may attach an Additional form – Personnel, as needed.\* The ECO will verify citizenship. Individuals may be asked to provide citizenship document before being granted access to controlled information. |
| **Full Name** | **Dept** | **Role on Project (student, postdoc, etc.)** | **Country of Citizenship (or permanent residency)\*** | **Date of Training Completed (completed by ECO)** |
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| **Section D - Physical Security** |
| **1. Building Location of Controlled Information/Project:** | **2. Who is the Facility Manager? (Name and email)** |
| **3. Describe the physical location of each sensitive technology/item/research activity. Include building and room numbers.**  |
| **4. Provide a detailed description of your physical security plan designed to protect your item/technology from unauthorized access. Make sure to include a detailed description of secure doors, locked cabinets, and limited access.** If there are Foreign Persons (students, faculty, staff and/or visitors) in close proximity to this controlled space, please include steps you take to address that additional factor. A Foreign Person, by Export Control regulations, means a person who is not a U.S. citizen or lawful permanent resident. |
| **5. Describe your plan for protecting export controlled information in conversations (e.g. Informal conversations and more formal discussions like lab meetings, presentations, etc.)** |

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| **Section E - Information Technology Security** |
| **1. Are there NIST or contract-based standards on IT? (To Be completed by ECO)** |  | Yes |  | No |
| **2. Describe the location of each computer/workstation that will access export-controlled information. Note** - You may attach an Additional Form – IT, as needed. |
|  | **Type of Information System (IS)** | **Location** | **Device and Inventory Number**  | **Managed by** | **Will it Store Controlled Information?** | **Encryption? (128-bit or higher)** | **Connected To a printer?** |
| **a.** |  |  |  |  | YesNo | YesNo |  Yes – NetworkYes – Non-networkNo |
| **b.** |  |  |  |  | YesNo | YesNo |  Yes – NetworkYes – Non-networkNo |
| **c.** |  |  |  |  | YesNo | YesNo |  Yes – NetworkYes – Non-networkNo |
| **d.** |  |  |  |  | YesNo | YesNo |  Yes – NetworkYes – Non-networkNo |
| **e.** |  |  |  |  | YesNo | YesNo |  Yes – NetworkYes – Non-networkNo |
| **f.** |  |  |  |  | YesNo | YesNo |  Yes – NetworkYes – Non-networkNo |
| **g.** |  |  |  |  | YesNo | YesNo |   Yes – NetworkYes – Non-networkNo |
| **3. If an IS listed above is locally managed, please indicate how antivirus updates and patches are provided and who does repair and maintenance. No personally owned devices can be used to access or store controlled information.** |
| **4. If any IS listed above is a portable device, describe access and controls for the physical security of these items.**For the purpose of this question, laptops should be considered portable devices. |
| **5. For physical systems, describe the measures in place to prevent unauthorized viewing of these machines when processing controlled information (screen savers, privacy filters, screen placement, etc.)** |
| **6. For items listed above, if encryption is indicated, please list the plan for encryption.**  |
| **7. Who is your primary IT contact in the event of a computer problem?** (Please provide contact information.) |
| **8. If controlled Information will be shared (sent or received) electronically, describe the secure method that will be used. (Via encrypted e-mail, CD, sponsor provided secure file sharing system, etc.).** |