TEMPEST INSPECTION REPORT

For use of this form, see TB 380-7; the proponent agency is INSCOM.

DATE

THRU: *(Include ZIP Code)* | **TO:** *(Include ZIP Code)* | **FROM:** *(Include ZIP Code)*

SECTION I - FACILITY DATA

FACILITY NAME

COMMANDER OR OIC *(Name, Grade, Title)*

FACILITY POC *(Name and Grade)*

TELEPHONE NUMBERS

AUTOVON: | COML:

UIC	BUILDING *(Name or Number)*	ROOM	FLOOR

NUMBER AND STREET	CITY OR POST	STATE OR COUNTRY

SECTION II - INFORMATION PROCESSOR DATA

TYPE FACILITY

☐ TCF *(Fixed Telecommunications)*   ☐ ADP *(Data Processing)*   ☐ GOE *(General Office)*

☐ TAC *(Semifixed Transportable)*   ☐ ETV *(Educ/CCTV)*   ☐ FAX *(Facsimile)*

☐ WWM *(WWMCCS)*   ☐ WPC *(Word Processor)*   ☐ OTHER _____

☐ ASV *(AUTOSEVOCOM): JCS NO*   ☐ NB TERMINAL   ☐ WB TERMINAL   ☐ SECORD   ☐ SEVAC

TYPE INFORMATION

SCI: ☐ YES
☐ NO

CLASSIFIED *(PERCENTAGES) (REQUIRED FOR NON-SCI INFORMATION ONLY)*

TS: S: C:

INSPECTION DATES			INSCOM FIN	INSPECTOR *(Name and Grade)*
RELOCATED	PAST	CURRENT		

SECTION III - INSPECTION FINDINGS/RECOMMENDATIONS/CORRECTIVE ACTIONS *(Continue on reverse)*

COMMANDER *(Name and Grade)*	SIGNATURE OF COMMANDER

DA FORM 4664-R, JUN 83   EDITION OF DEC 77 IS OBSOLETE.   USAPPC V1.00