Export Control Worksheet:

Technology Control Plan

1. WMU Project/Activity Sponsor’s Identity:

a. Full Name:

b. College:       / Department:

c. eMail:       / Cell:       / Office:

2. Project/Research Identity:

a. Project/Research title or equipment name:

b. Dates of proposed project/research: From       To

c. Funding source:

d. Funding status:

e. Scope of project/research:

1. The primary aim of the research:

2. In language understandable to a layperson, please provide an in-depth, but concise description of your project.

3. Describe all potential uses of the developed item or information. Please think ‘outside the box’ and include potential ‘law of unintended consequences’ of the item or information.

3. Description of the controlled item(s):

a. Common name:       ;      ;      ;

b. Proper or Technical Name:      ;      ;      ;

c. Description/Properties:      ;      ;      ;

d. ITAR Category/ECCN:      ;      ;      ;

4. Security Plan:

a. Physical security: location(s) (building(s)/room number(s)) where the controlled item/information will worked or stored:

Yes  No A schematic/floor plan has been attached.

Yes  No The room have be locked when in use.

Yes  No The item/information will be locked with two independent locks when not in use.

Yes  No The item/information will be blocked from unintended view/viewing when in use.

Yes  No The item/information will be destroyed at the end of the project.

**For any No answer to 4.a describe your plan to secure the item/information:**

b. Electronic security: Describe the safeguard measures that you have in place to prevent unapproved disclosure or access to controlled items/information:

True  False IT Security and Privacy has been involved with designing the safeguard measures.

True  False Information will NOT be transmitted electronically.

**For any False answer to 4.b describe your plan to secure the item/information:**

c. Conversation security:

1. Describe your plan to protect the controlled item/information during conversations, in or out of the lab, during office calls, etc.

2. Describe how you are going to manage security in case of termination of employees, individuals working on new projects, etc.

d. Describe your security measures which will need to remain in effect after the project has ended.

e. Security Measures Audit program (for projects lasting 6 months or more):

1. Self-Audit Frequency:

2. Primary person responsible for completing the self-audit:

f. Briefing form for those with approved access to the item or information:

Yes  No A copy of the project specific pre-use/exposure briefing form has been attached.

5. Certification:

a. I declare the information contained in this document is accurate to the best of my knowledge. I recognize my responsibilities in complying with federal regulations and WMU policies governing export control.

b. I declare that all security activities associated with the described controlled items will be under my supervision and conducted in accordance with this Technology Control Plan, federal regulations and WMU policies governing export control.

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| --- | --- | --- | --- |
| PI/Host |  |  |  |
| Signature: |  | Date: |  |
| Dean or Associate Dean | | | |
| Signature: |  | Date: |  |
| Print: |  |  |  |

**Scan the completed form and attachments, then email to ovpr-export-control@wmich.edu.**