

## SUPPLY CHAIN ASSESSMENT (CONSULTANTS/INDIVIDUALS)

**Instructions:** *This questionnaire is intended for individual consultants and will typically be administered by telephone. This form may also be used in combination with SF 6432-SCA or SF 6432-SVA to collect supplemental information when working with Principal Investigators or other individuals affiliated with Universities/Entities. Please provide information in the explanation section any No or N/A responses.*

### INFORMATION

Consultant/PI Name:		Organization Name:	
Address:			
City:		State:	Country (if outside USA):
Name & Title of person completing this assessment:			
Phone:		Email:	

### BUSINESS INFORMATION

Describe the scope of work you are supporting (deliverables, services provided, etc.):	
Will the work occur at multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list:	

Yes <input type="checkbox"/> No <input type="checkbox"/>	1. Will you consult with other individuals or entities outside of Sandia, or "outsource"/ subcontract any work during the agreement?  If <b>Yes</b> , describe the organization's/individual's qualifications:
Yes <input type="checkbox"/> No <input type="checkbox"/>	2. Do you currently possess, or anticipate needing to store or process any of the following types of information outside of Sandia? (Either physically off-site or outside of Sandia's internal network/ on workstations not provided by Sandia): Personal Information, Export Controlled Information, Proprietary Information, or Third Party Proprietary Information?  If <b>Yes</b> , please describe how you will identify, manage, protect, track, and return or destroy this information:
	3. How will you protect electronic data and systems from unauthorized viewing/use?  Explanation:
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	4. Do you subscribe to and maintain antivirus protection on all workstations that will be used?  If <b>No or N/A</b> , please explain:

 \_\_\_\_\_  
 Date

 \_\_\_\_\_  
 Signature (person completing assessment)

*This report may be shared with the Dept. of Energy (DOE), National Nuclear Security Administration (NNSA), and with other DOE/NNSA operating subcontractors.*

For NTESS/Sandia Internal Use Only		
Reviewed by:	Organization:	Date:
Status		
Approved: <input type="checkbox"/>	Conditional: <input type="checkbox"/>	Not Approved: <input type="checkbox"/>