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| **AGENCJA BEZPIECZEŃSTWA WEWNĘTRZNEGO**  **DEPARTAMET BEZPIECZEŃSTWA TELEINFORMATYCZNEGO**  ul. Rakowiecka 2a  00-993 Warszawa KWESTIONARIUSZDOTYCZĄCY PRZEPROWADZENIA PROCESU AKREDYTACJI BEZPIECZEŃSTWA SYSTEMU TELEINFORMATYCZNEGO PRZEZNACZONEGO DO PRZETWARZANIA INFORMACJI NIEJAWNYCH O KLAUZULI „POUFNE” LUB WYŻSZEJ zgodnie z art. 48 ust. 3 ustawy z dnia 5 sierpnia 2010 r. o ochronie informacji niejawnych  (Dz.U. z 2019 poz. 712 z późn. zmianami)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ***CZĘŚĆ A. JEDNOSTKA ORGANIZACYJNA WNIOSKUJĄCA O UDZIELENIE AKREDYTACJI BEZPIECZEŃSTWA TELEINFORMATYCZNEGO*** | | | | | | | | | | | | | | | | 1. **Nazwa jednostki organizacyjnej:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | 1. **NIP jednostki organizacyjnej:** | | | 1. **REGON jednostki organizacyjnej:** | | | | | | | | | 1. **KRS jednostki organizacyjnej:** | | | |  | | |  | | | | | | | | |  | | | | 1. **Adres jednostki organizacyjnej organizującej system:** | | | | | | | | | | | | | | | | **Województwo:** | | | | | | | | | | | | | | | | **Miejscowość:** | | | | | **Kod pocztowy:** | | | | | | | | | | | **Ulica:** | | | | | | | | | | | | | | | | **Nr budynku:** | | | | | **Nr lokalu:** | | | | | | | | | | | **Nr telefonu:** | | | | | | | | | | | | | | | | 1. **Struktura jednostki organizacyjnej:** | | | | | | | | | | | | | | | | jednostka budżetowa w rozumieniu ustawy z dnia 27 sierpnia 2009 r. o finansach publicznych  przedsiębiorca obowiązany na podstawie odrębnych przepisów do wykonywania zadań publicznychna rzecz obronności, bezpieczeństwa państwa oraz bezpieczeństwa i porządku publicznego  jednostka organizacyjna podlegająca opłatom za czynności akredytacyjne, o których mowa w art. 53 ust. 1 ustawy z dnia 5 sierpnia 2010 r. o ochronie informacji niejawnych | | | | | | | | | | | | | | | | ***CZĘŚĆ B. PRZEDMIOT AKREDYTACJI*** | | | | | | | | | | | | | | | | 1. **Pełna nazwa systemu teleinformatycznego:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | 1. **Zgłoszenie:** | | | | | | | | | | | | | | | | Po raz pierwszy  Ponowna akredytacja  Po dokonanych zmianach w STI | | | | | | | | | | | | | | | | 1. **Rodzaj systemu teleinformatycznego:** | | | | | | | | | | | | | | | | Autonomiczne stanowisko komputerowe  LAN  WAN  Inny (jaki?) | | | | | | | Ilość stanowisk komputerowych: | | | | | | | | | 1. **Maksymalna klauzula przetwarzanych informacji niejawnych:** | | | | | | | | | | | | | | | | **Krajowe:** | | | | | | | | | | | | | | | | **NATO:** | | | | | | | | | | | | | | | | **UE:** | | | | | | | | | | | | | | | | **Inne (jakie):** | | | | | | | | | | | | | | | | 1. **Czy system teleinformatyczny, o którym mowa w części B pkt. 7 jest organizowany w celu wykonywania przez przedsiębiorcę zadań publicznych na rzecz obronności, bezpieczeństwa państwa oraz bezpieczeństwa i porządku publicznego, do których realizacji przedsiębiorca jest obowiązany na podstawie odrębnych przepisów?** | | | | | | | | | | | | | | | | TAK NIE | | | | | | | | | | | | | | | | 1. **Lokalizacja komponentów systemu teleinformatycznego**   **\*** w przypadku, gdy lokalizacji komponentów systemu TI jest więcej należy je umieścić w odrębnym załączniku do kwestionariusza w formie przedstawionej poniżej. | | | | | | | | | | | | | | | | **Województwo:** | | | | | | | | | | | | | | | | **Miejscowość:** | | | | | **Kod pocztowy:** | | | | | | | | | | | **Ulica:** | | | | | | | | | | | | | | | | **Nr budynku:** | | | | | **Nr lokalu:** | | | | | | | | | | | **Budynek:** | | | | **Piętro:** | | | | | | **Pomieszczenie:** | | | | | | **Strefa ochronna:** | I  II  III | | | | | | | | | | | | | | | 1. **Forma dokumentacji bezpieczeństwa:** | | | | | | | | | | | | | | | | Szczególne Wymagania Bezpieczeństwa (SWB)  Procedury Bezpiecznej Eksploatacji (PBE)  Przebieg i wyniki procesu szacowania ryzyka | | | | | | | | Aneks do SWB  Aneks do PBE  Inny (jaki) | | | | | | | | 1. **Numery ewidencyjne dokumentacji bezpieczeństwa opracowanej dla systemu teleinformatycznego:** | | | | | | | | | | | | | | | | **Sygnatura literowo - cyfrowa dokumentu SWB:** | | | | | | | | |  | | | | | | | **Sygnatura literowo - cyfrowa dokumentu PBE:** | | | | | | | | |  | | | | | | | **Sygnatura literowo - cyfrowa dokumentu Analiza ryzyka:** | | | | | | | | |  | | | | | | | **Sygnatura literowo - cyfrowa aneksów do SWB lub PBE  (o ile występują):** | | | | | | | | |  | | | | | | | 1. **Czy przeprowadzono szacowanie ryzyka dla informacji niejawnych przetwarzanych w systemie teleinformatycznym, o którym mowa w części B pkt. 7?** | | | | | | | | | | | | | | | | TAK NIE | | | | | | | | | | | | | | | | 1. **Czy Kierownik jednostki organizacyjnej zaakceptował wynik procesu szacowania ryzyka dla bezpieczeństwa informacji niejawnych w systemie teleinformatycznym?** | | | | | | | | | | | | | | | | TAK NIE | | | | | | | | | | | | | | | | ***CZĘŚĆ C. PERSONEL ODPOWIEDZIALNY ZA BEZPIECZEŃSTWO SYSTEMU TELEINFORMATYCZNEGO*** | | | | | | | | | | | | | | | | 1. **Kierownik jednostki organizacyjnej:** | | | | | | | | | | | | | | | | **Imię i Nazwisko:** | | | | | | | | | | | | | | | | **Nr poświadczenia bezpieczeństwa:** | | | | | | **Krajowe:** | | | | | | |  | | | **UE:** | | | | | | |  | | | **NATO:** | | | | | | |  | | | **Inne (jakie):** | | | | | | |  | | | **Nr zaświadczenia stwierdzającego odbycie przeszkolenia w zakresie ochrony informacji niejawnych** | | | | | | **Krajowe:** | | | | | | |  | | | **UE:** | | | | | | |  | | | **NATO:** | | | | | | |  | | | **Inne (jakie):** | | | | | | |  | | | **Nr telefonu:** | | | | | | | | | | | | | | | | 1. **Pełnomocnik ds. ochrony informacji niejawnych** | | | | | | | | | | | | | | | | **Imię i Nazwisko:** | | | | | | | | | | | | | | | | **Nr poświadczenia bezpieczeństwa:** | | | | | | **Krajowe:** | | | | | | |  | | | **UE:** | | | | | | |  | | | **NATO:** | | | | | | |  | | | **Inne (jakie):** | | | | | | |  | | | **Nr zaświadczenia stwierdzającego odbycie przeszkolenia w zakresie ochrony informacji niejawnych** | | | | | | **Krajowe:** | | | | | | |  | | | **UE:** | | | | | | |  | | | **NATO:** | | | | | | |  | | | **Inne (jakie):** | | | | | | |  | | | **Nr telefonu:** | | | | | | | | | | | | | | | | **Data powołania do pełnienia ww. funkcji:** | | | | | | | | | | | | | | | | 1. **Inspektor/Inspektorzy Bezpieczeństwa Teleinformatycznego w jednostce organizacyjnej wyznaczeni przez Kierownika jednostki organizacyjnej, zgodnie z art. 52 ust. 1 pkt. 1 UOIN:**   **\*** w przypadku, gdy jest więcej niż jedna osoba wyznaczona przez kierownika jednostki organizacyjnej do pełnienia funkcji Inspektora BTI, dane tej osoby/osób należy umieścić w odrębnym załączniku do kwestionariusza, w formie przedstawionej poniżej. | | | | | | | | | | | | | | | | **Imię i Nazwisko:** | | | | | | | | | | | | | | | | **Nr poświadczenia bezpieczeństwa:** | | | | | | **Krajowe:** | | | | | | |  | | | **UE:** | | | | | | |  | | | **NATO:** | | | | | | |  | | | **Inne (jakie):** | | | | | | |  | | | **Nr zaświadczenia stwierdzającego odbycie przeszkolenia w zakresie ochrony informacji niejawnych** | | | | | | **Krajowe:** | | | | | | |  | | | **UE:** | | | | | | |  | | | **NATO:** | | | | | | |  | | | **Inne (jakie):** | | | | | | |  | | | **Nr zaświadczenia o ukończeniu specjalistycznego szkolenia w zakresie bezpieczeństwa teleinformatycznego, o którym mowa w art. 52 ust. 4 UOIN:** | | | | | | | | | | | | | |  | | **Nr telefonu:** | | | | | | | | | | | | | | | | **Data powołania do pełnienia ww. funkcji:** | | | | | | | | | | | | | | | | 1. **Administrator/Administratorzy STI w jednostce organizacyjnej wyznaczeni przez Kierownika jednostki organizacyjnej zgodnie z art. 52 ust. 1 pkt. 2 UOIN:**   **\*** w przypadku, gdy jest więcej niż jedna osoba wyznaczona przez kierownika jednostki organizacyjnej do pełnienia funkcji Administratora systemu, dane tej osoby/osób należy umieścić w odrębnym załączniku do kwestionariusza, w formie przedstawionej poniżej. | | | | | | | | | | | | | | | | **Imię i Nazwisko:** | | | | | | | | | | | | | | | | **Nr poświadczenia bezpieczeństwa:** | | | | | | **Krajowe:** | | | | | | |  | | | **UE:** | | | | | | |  | | | **NATO:** | | | | | | |  | | | **Inne (jakie):** | | | | | | |  | | | **Nr zaświadczenia stwierdzającego odbycie przeszkolenia w zakresie ochrony informacji niejawnych** | | | | | | **Krajowe:** | | | | | | |  | | | **UE:** | | | | | | |  | | | **NATO:** | | | | | | |  | | | **Inne (jakie):** | | | | | | |  | | | **Nr zaświadczenia o ukończeniu specjalistycznego szkolenia w zakresie bezpieczeństwa teleinformatycznego, o którym mowa w art. 52 ust. 4 UOIN:** | | | | | | | | | | | | | |  | | **Nr telefonu:** | | | | | | | | | | | | | | | | **Data powołania do pełnienia ww. funkcji:** | | | | | | | | | | | | | | | | ***CZĘŚĆ D. UDOSTĘPNIANIE SYSTEMU TELEINFORMATYCZNEGO INNYM JEDNOSTKOM ORGANIZACYJNYM*** | | | | | | | | | | | | | | | | 1. **Czy planowane jest udostępnianie systemu teleinformatycznego innym jednostkom organizacyjnym?** | | | | | | | | | | | | | | | | TAK NIE  \* W przypadku zaznaczenia odpowiedzi „TAK” należy wypełnić punkty od 22 do 24 | | | | | | | | | | | | | | | | 1. **W przypadku, gdy planowane jest udostępnianie systemu TI innym jednostkom organizacyjnym należy określić zakres udostępnienia systemu tzn. określić czy będzie udostępniany cały system teleinformatyczny, jego wybrane lokalizacje lub stanowiska?** | | | | | | | | | | | | | | | | Zakres udostępnienia: | | | | | | | | | | | | | | | | 1. **W przypadku zaznaczenia w pkt. 21 odpowiedzi „TAK” należy wskazać:**   **\*** w przypadku, gdy jednostek organizacyjnych, którym planowane jest udostępnianie systemu TI jest więcej, należy je umieścić w odrębnym załączniku do kwestionariusza, w formie przedstawionej poniżej. | | | | | | | | | | | | | | | | **Nazwa jednostki organizacyjnej, której będzie udostępniany system TI:** | | | | | | | | | | | | | | | | **Regon:** | | **NIP:** | | | | | | | | | **KRS:** | | | | | **Województwo:** | | | | | | | | | | | | | | | | **Miejscowość:** | | | | | **Kod pocztowy:** | | | | | | | | | | | **Ulica:** | | | | | | | | | | | | | | | | **Nr budynku:** | | | | | **Nr lokalu:** | | | | | | | | | | | **Telefon:** | | | | | | | | | | | | | | | | 1. **Jeżeli planowane jest udostępnianie systemu teleinformatycznego innym jednostkom organizacyjnym to czy stosowne zapisy i procedury zostały uwzględnione w dokumentacji bezpieczeństwa (SWB i PBE) systemu TI, o którym mowa w części B pkt. 7?** | | | | | | | | | | | | | | | | TAK NIE | | | | | | | | | | | | | | |   **Potwierdzam prawdziwość danych zamieszczonych w kwestionariuszu i wnoszę o przeprowadzenie procesu akredytacji bezpieczeństwa systemu teleinformatycznego, określonego w części B pkt. 7 kwestionariusza.**  …………………………………………………… ………………………………………………………….  (pieczęć firmowa jednostki organizacyjnej) (data i podpis kierownika jednostki organizacyjnej)   |  | | --- | | ***OŚWIADCZENIE KIEROWNIKA JEDNOSTKI ORGANIZACYJNEJ UBIEGAJĄCEJ SIĘ O AKREDYTACJĘ BEZPIECZEŃSTWA TELEINFORMATYCZNEGO SYSTEMU TI*** | | ***Oświadczam, że dla pomieszczenia lub obszaru, w którym przetwarzane będą informacje niejawne  w systemie teleinformatycznym „******” określono poziom zagrożeń związanych z utratą poufności, integralności i dostępności informacji niejawnych, zgodnie z zapisami Rozporządzenia Rady Ministrów  z dnia 29 maja 2012 r. w sprawie środków bezpieczeństwa fizycznego stosowanych do zabezpieczenia informacji niejawnych oraz zastosowano środki bezpieczeństwa fizycznego adekwatne do wyznaczonego poziomu zagrożeń.***  ***Ponadto oświadczam, że informacje zawarte w dokumentacji bezpieczeństwa, dotyczące zastosowanych środków bezpieczeństwa fizycznego (a w szczególności granic i lokalizacji stref ochronnych) są zgodne z Planem ochrony informacji niejawnych opracowanym zgodnie z § 9 rozporządzenia Prezesa Rady Ministrów z dnia 29 maja 2012 r. w sprawie środków bezpieczeństwa fizycznego stosowanych do zabezpieczania informacji niejawnych.***  ………………………………………………………….  (data, czytelny podpis kierownika jednostki organizacyjnej i pieczęć (jeśli występuje) |  OBJAŚNIENIA i UWAGI  1. Wniosek, w jednym egzemplarzu, należy przesłać do właściwej terytorialnie Jednostki Organizacyjnej Agencji Bezpieczeństwa Wewnętrznego. Wszelkie odciski pieczęci umieszczane na kwestionariuszu powinny być wyraźne i czytelne. 2. ABW zastrzega sobie możliwość wystąpienia do Kierownika jednostki organizacyjnej o dostarczenie dodatkowych dokumentów lub materiałów niezbędnych do przeprowadzenia badań i oceny bezpieczeństwa, w ramach prowadzonej akredytacji. |