

A. Introduction

1. **Title:** Cyber Security — System Security Management
2. **Number:** CIP-007-5
3. **Purpose:** To manage system security by specifying select technical, operational, and procedural requirements in support of protecting BES Cyber Systems against compromise that could lead to misoperation or instability in the BES.
4. **Applicability:**
 - 4.1. **Functional Entities:** For the purpose of the requirements contained herein, the following list of functional entities will be collectively referred to as “Responsible Entities.” For requirements in this standard where a specific functional entity or subset of functional entities are the applicable entity or entities, the functional entity or entities are specified explicitly.
 - 4.1.1 **Balancing Authority**
 - 4.1.2 **Distribution Provider** that owns one or more of the following Facilities, systems, and equipment for the protection or restoration of the BES:
 - 4.1.2.1 Each underfrequency Load shedding (UFLS) or undervoltage Load shedding (UVLS) system that:
 - 4.1.2.1.1 is part of a Load shedding program that is subject to one or more requirements in a NERC or Regional Reliability Standard; and
 - 4.1.2.1.2 performs automatic Load shedding under a common control system owned by the Responsible Entity, without human operator initiation, of 300 MW or more.
 - 4.1.2.2 Each Special Protection System or Remedial Action Scheme where the Special Protection System or Remedial Action Scheme is subject to one or more requirements in a NERC or Regional Reliability Standard.
 - 4.1.2.3 Each Protection System (excluding UFLS and UVLS) that applies to Transmission where the Protection System is subject to one or more requirements in a NERC or Regional Reliability Standard.
 - 4.1.2.4 Each Cranking Path and group of Elements meeting the initial switching requirements from a Blackstart Resource up to and including the first interconnection point of the starting station service of the next generation unit(s) to be started.
 - 4.1.3 **Generator Operator**
 - 4.1.4 **Generator Owner**
 - 4.1.5 **Interchange Coordinator or Interchange Authority**
 - 4.1.6 **Reliability Coordinator**

4.1.7 Transmission Operator

4.1.8 Transmission Owner

4.2. Facilities: For the purpose of the requirements contained herein, the following Facilities, systems, and equipment owned by each Responsible Entity in 4.1 above are those to which these requirements are applicable. For requirements in this standard where a specific type of Facilities, system, or equipment or subset of Facilities, systems, and equipment are applicable, these are specified explicitly.

4.2.1 Distribution Provider: One or more of the following Facilities, systems and equipment owned by the Distribution Provider for the protection or restoration of the BES:

4.2.1.1 Each UFLS or UVLS System that:

4.2.1.1.1 is part of a Load shedding program that is subject to one or more requirements in a NERC or Regional Reliability Standard; and

4.2.1.1.2 performs automatic Load shedding under a common control system owned by the Responsible Entity, without human operator initiation, of 300 MW or more.

4.2.1.2 Each Special Protection System or Remedial Action Scheme where the Special Protection System or Remedial Action Scheme is subject to one or more requirements in a NERC or Regional Reliability Standard.

4.2.1.3 Each Protection System (excluding UFLS and UVLS) that applies to Transmission where the Protection System is subject to one or more requirements in a NERC or Regional Reliability Standard.

4.2.1.4 Each Cranking Path and group of Elements meeting the initial switching requirements from a Blackstart Resource up to and including the first interconnection point of the starting station service of the next generation unit(s) to be started.

4.2.2 Responsible Entities listed in 4.1 other than Distribution Providers:

All BES Facilities.

4.2.3 Exemptions: The following are exempt from Standard CIP-007-5:

4.2.3.1 Cyber Assets at Facilities regulated by the Canadian Nuclear Safety Commission.

4.2.3.2 Cyber Assets associated with communication networks and data communication links between discrete Electronic Security Perimeters.

4.2.3.3 The systems, structures, and components that are regulated by the Nuclear Regulatory Commission under a cyber security plan pursuant to 10 C.F.R. Section 73.54.

4.2.3.4 For Distribution Providers, the systems and equipment that are not included in section 4.2.1 above.

4.2.3.5 Responsible Entities that identify that they have no BES Cyber Systems categorized as high impact or medium impact according to the CIP-002-5 identification and categorization processes.

5. Effective Dates:

1. **24 Months Minimum** – CIP-007-5 shall become effective on the later of July 1, 2015, or the first calendar day of the ninth calendar quarter after the effective date of the order providing applicable regulatory approval.
2. In those jurisdictions where no regulatory approval is required, CIP-007-5 shall become effective on the first day of the ninth calendar quarter following Board of Trustees' approval, or as otherwise made effective pursuant to the laws applicable to such ERO governmental authorities.

6. Background:

Standard CIP-007-5 exists as part of a suite of CIP Standards related to cyber security. CIP-002-5 requires the initial identification and categorization of BES Cyber Systems. CIP-003-5, CIP-004-5, CIP-005-5, CIP-006-5, CIP-007-5, CIP-008-5, CIP-009-5, CIP-010-1, and CIP-011-1 require a minimum level of organizational, operational and procedural controls to mitigate risk to BES Cyber Systems. This suite of CIP Standards is referred to as the *Version 5 CIP Cyber Security Standards*.

Most requirements open with, “*Each Responsible Entity shall implement one or more documented [processes, plan, etc] that include the applicable items in [Table Reference].*” The referenced table requires the applicable items in the procedures for the requirement’s common subject matter.

The SDT has incorporated within this standard a recognition that certain requirements should not focus on individual instances of failure as a sole basis for violating the standard. In particular, the SDT has incorporated an approach to empower and enable the industry to identify, assess, and correct deficiencies in the implementation of certain requirements. The intent is to change the basis of a violation in those requirements so that they are not focused on *whether* there is a deficiency, but on identifying, assessing, and correcting deficiencies. It is presented in those requirements by modifying “implement” as follows:

Each Responsible Entity shall implement, **in a manner that identifies, assesses, and corrects deficiencies, . . .**

The term *documented processes* refers to a set of required instructions specific to the Responsible Entity and to achieve a specific outcome. This term does not imply any particular naming or approval structure beyond what is stated in the requirements. An entity should include as much as it believes necessary in their documented processes, but they must address the applicable requirements in the table. The

documented processes themselves are not required to include the “. . . identifies, assesses, and corrects deficiencies, . . .” elements described in the preceding paragraph, as those aspects are related to the manner of implementation of the documented processes and could be accomplished through other controls or compliance management activities.

The terms *program* and *plan* are sometimes used in place of *documented processes* where it makes sense and is commonly understood. For example, documented processes describing a response are typically referred to as *plans* (i.e., incident response plans and recovery plans). Likewise, a security plan can describe an approach involving multiple procedures to address a broad subject matter.

Similarly, the term *program* may refer to the organization’s overall implementation of its policies, plans and procedures involving a subject matter. Examples in the standards include the personnel risk assessment program and the personnel training program. The full implementation of the CIP Cyber Security Standards could also be referred to as a program. However, the terms *program* and *plan* do not imply any additional requirements beyond what is stated in the standards.

Responsible Entities can implement common controls that meet requirements for multiple high and medium impact BES Cyber Systems. For example, a single training program could meet the requirements for training personnel across multiple BES Cyber Systems.

Measures for the initial requirement are simply the documented processes themselves. Measures in the table rows provide examples of evidence to show documentation and implementation of applicable items in the documented processes. These measures serve to provide guidance to entities in acceptable records of compliance and should not be viewed as an all-inclusive list.

Throughout the standards, unless otherwise stated, bulleted items in the requirements and measures are items that are linked with an “or,” and numbered items are items that are linked with an “and.”

Many references in the Applicability section use a threshold of 300 MW for UFLS and UVLS. This particular threshold of 300 MW for UVLS and UFLS was provided in Version 1 of the CIP Cyber Security Standards. The threshold remains at 300 MW since it is specifically addressing UVLS and UFLS, which are last ditch efforts to save the Bulk Electric System. A review of UFLS tolerances defined within regional reliability standards for UFLS program requirements to date indicates that the historical value of 300 MW represents an adequate and reasonable threshold value for allowable UFLS operational tolerances.

“Applicable Systems” Columns in Tables:

Each table has an “Applicable Systems” column to further define the scope of systems to which a specific requirement row applies. The CSO706 SDT adapted this concept from the National Institute of Standards and Technology (“NIST”) Risk Management

Framework as a way of applying requirements more appropriately based on impact and connectivity characteristics. The following conventions are used in the “Applicable Systems” column as described.

- **High Impact BES Cyber Systems** – Applies to BES Cyber Systems categorized as high impact according to the CIP-002-5 identification and categorization processes.
- **Medium Impact BES Cyber Systems** – Applies to BES Cyber Systems categorized as medium impact according to the CIP-002-5 identification and categorization processes.
- **Medium Impact BES Cyber Systems at Control Centers** – Only applies to medium impact BES Cyber Systems located at a Control Center.
- **Medium Impact BES Cyber Systems with External Routable Connectivity** – Only applies to medium impact BES Cyber Systems with External Routable Connectivity. This also excludes Cyber Assets in the BES Cyber System that cannot be directly accessed through External Routable Connectivity.
- **Electronic Access Control or Monitoring Systems (EACMS)** – Applies to each Electronic Access Control or Monitoring System associated with a referenced high impact BES Cyber System or medium impact BES Cyber System in the applicability column. Examples may include, but are not limited to, firewalls, authentication servers, and log monitoring and alerting systems.
- **Physical Access Control Systems (PACS)** – Applies to each Physical Access Control System associated with a referenced high impact BES Cyber System or medium impact BES Cyber System.
- **Protected Cyber Assets (PCA)** – Applies to each Protected Cyber Asset associated with a referenced high impact BES Cyber System or medium impact BES Cyber System.

B. Requirements and Measures

- R1.** Each Responsible Entity shall implement, in a manner that identifies, assesses, and corrects deficiencies, one or more documented processes that collectively include each of the applicable requirement parts in *CIP-007-5 Table R1 – Ports and Services*. [*Violation Risk Factor: Medium*] [*Time Horizon: Same Day Operations.*]
- M1.** Evidence must include the documented processes that collectively include each of the applicable requirement parts in *CIP-007-5 Table R1 – Ports and Services* and additional evidence to demonstrate implementation as described in the Measures column of the table.

CIP-007-5 Table R1– Ports and Services			
Part	Applicable Systems	Requirements	Measures
1.1	<p>High Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA <p>Medium Impact BES Cyber Systems with External Routable Connectivity and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA 	<p>Where technically feasible, enable only logical network accessible ports that have been determined to be needed by the Responsible Entity, including port ranges or services where needed to handle dynamic ports. If a device has no provision for disabling or restricting logical ports on the device then those ports that are open are deemed needed.</p>	<p>Examples of evidence may include, but are not limited to:</p> <ul style="list-style-type: none"> • Documentation of the need for all enabled ports on all applicable Cyber Assets and Electronic Access Points, individually or by group. • Listings of the listening ports on the Cyber Assets, individually or by group, from either the device configuration files, command output (such as netstat), or network scans of open ports; or • Configuration files of host-based firewalls or other device level mechanisms that only allow needed ports and deny all others.
1.2	<p>High Impact BES Cyber Systems</p> <p>Medium Impact BES Cyber Systems at Control Centers</p>	<p>Protect against the use of unnecessary physical input/output ports used for network connectivity, console commands, or removable media.</p>	<p>An example of evidence may include, but is not limited to, documentation showing types of protection of physical input/output ports, either logically through system configuration or physically using a port lock or signage.</p>

- R2.** Each Responsible Entity shall implement, in a manner that identifies, assesses, and corrects deficiencies, one or more documented processes that collectively include each of the applicable requirement parts in *CIP-007-5 Table R2 – Security Patch Management*. [*Violation Risk Factor: Medium*] [*Time Horizon: Operations Planning*].
- M2.** Evidence must include each of the applicable documented processes that collectively include each of the applicable requirement parts in *CIP-007-5 Table R2 – Security Patch Management* and additional evidence to demonstrate implementation as described in the Measures column of the table.

CIP-007-5 Table R2 – Security Patch Management			
Part	Applicable Systems	Requirements	Measures
2.1	<p>High Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA <p>Medium Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA 	<p>A patch management process for tracking, evaluating, and installing cyber security patches for applicable Cyber Assets. The tracking portion shall include the identification of a source or sources that the Responsible Entity tracks for the release of cyber security patches for applicable Cyber Assets that are updateable and for which a patching source exists.</p>	<p>An example of evidence may include, but is not limited to, documentation of a patch management process and documentation or lists of sources that are monitored, whether on an individual BES Cyber System or Cyber Asset basis.</p>

CIP-007-5 Table R2 – Security Patch Management			
Part	Applicable Systems	Requirements	Measures
2.2	<p>High Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA <p>Medium Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA 	<p>At least once every 35 calendar days, evaluate security patches for applicability that have been released since the last evaluation from the source or sources identified in Part 2.1.</p>	<p>An example of evidence may include, but is not limited to, an evaluation conducted by, referenced by, or on behalf of a Responsible Entity of security-related patches released by the documented sources at least once every 35 calendar days.</p>

CIP-007-5 Table R2 – Security Patch Management			
Part	Applicable Systems	Requirements	Measures
2.3	<p>High Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA <p>Medium Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA 	<p>For applicable patches identified in Part 2.2, within 35 calendar days of the evaluation completion, take one of the following actions:</p> <ul style="list-style-type: none"> • Apply the applicable patches; or • Create a dated mitigation plan; or • Revise an existing mitigation plan. <p>Mitigation plans shall include the Responsible Entity’s planned actions to mitigate the vulnerabilities addressed by each security patch and a timeframe to complete these mitigations.</p>	<p>Examples of evidence may include, but are not limited to:</p> <ul style="list-style-type: none"> • Records of the installation of the patch (e.g., exports from automated patch management tools that provide installation date, verification of BES Cyber System Component software revision, or registry exports that show software has been installed); or • A dated plan showing when and how the vulnerability will be addressed, to include documentation of the actions to be taken by the Responsible Entity to mitigate the vulnerabilities addressed by the security patch and a timeframe for the completion of these mitigations.

CIP-007-5 Table R2 – Security Patch Management			
Part	Applicable Systems	Requirements	Measures
2.4	<p>High Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA <p>Medium Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA 	<p>For each mitigation plan created or revised in Part 2.3, implement the plan within the timeframe specified in the plan, unless a revision to the plan or an extension to the timeframe specified in Part 2.3 is approved by the CIP Senior Manager or delegate.</p>	<p>An example of evidence may include, but is not limited to, records of implementation of mitigations.</p>

- R3.** Each Responsible Entity shall implement, in a manner that identifies, assesses, and corrects deficiencies, one or more documented processes that collectively include each of the applicable requirement parts in *CIP-007-5 Table R3 – Malicious Code Prevention*. [Violation Risk Factor: Medium] [Time Horizon: Same Day Operations].
- M3.** Evidence must include each of the documented processes that collectively include each of the applicable requirement parts in *CIP-007-5 Table R3 – Malicious Code Prevention* and additional evidence to demonstrate implementation as described in the Measures column of the table.

CIP-007-5 Table R3 – Malicious Code Prevention			
Part	Applicable Systems	Requirements	Measures
3.1	<p>High Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA <p>Medium Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA 	Deploy method(s) to deter, detect, or prevent malicious code.	An example of evidence may include, but is not limited to, records of the Responsible Entity’s performance of these processes (e.g., through traditional antivirus, system hardening, policies, etc.).

CIP-007-5 Table R3 – Malicious Code Prevention			
Part	Applicable Systems	Requirements	Measures
3.2	<p>High Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA <p>Medium Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA 	Mitigate the threat of detected malicious code.	<p>Examples of evidence may include, but are not limited to:</p> <ul style="list-style-type: none"> • Records of response processes for malicious code detection • Records of the performance of these processes when malicious code is detected.
3.3	<p>High Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA <p>Medium Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA 	For those methods identified in Part 3.1 that use signatures or patterns, have a process for the update of the signatures or patterns. The process must address testing and installing the signatures or patterns.	An example of evidence may include, but is not limited to, documentation showing the process used for the update of signatures or patterns.

- R4.** Each Responsible Entity shall implement, in a manner that identifies, assesses, and corrects deficiencies, one or more documented processes that collectively include each of the applicable requirement parts in *CIP-007-5 Table R4 – Security Event Monitoring*. [Violation Risk Factor: Medium] [Time Horizon: Same Day Operations and Operations Assessment.]
- M4.** Evidence must include each of the documented processes that collectively include each of the applicable requirement parts in *CIP-007-5 Table R4 – Security Event Monitoring* and additional evidence to demonstrate implementation as described in the Measures column of the table.

CIP-007-5 Table R4 – Security Event Monitoring			
Part	Applicable Systems	Requirements	Measures
4.1	<p>High Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA <p>Medium Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA 	<p>Log events at the BES Cyber System level (per BES Cyber System capability) or at the Cyber Asset level (per Cyber Asset capability) for identification of, and after-the-fact investigations of, Cyber Security Incidents that includes, as a minimum, each of the following types of events:</p> <ol style="list-style-type: none"> 4.1.1. Detected successful login attempts; 4.1.2. Detected failed access attempts and failed login attempts; 4.1.3. Detected malicious code. 	<p>Examples of evidence may include, but are not limited to, a paper or system generated listing of event types for which the BES Cyber System is capable of detecting and, for generated events, is configured to log. This listing must include the required types of events.</p>

CIP-007-5 Table R4 – Security Event Monitoring			
Part	Applicable Systems	Requirements	Measures
4.2	<p>High Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA <p>Medium Impact BES Cyber Systems with External Routable Connectivity and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA 	<p>Generate alerts for security events that the Responsible Entity determines necessitates an alert, that includes, as a minimum, each of the following types of events (per Cyber Asset or BES Cyber System capability):</p> <ol style="list-style-type: none"> 4.2.1. Detected malicious code from Part 4.1; and 4.2.2. Detected failure of Part 4.1 event logging. 	<p>Examples of evidence may include, but are not limited to, paper or system-generated listing of security events that the Responsible Entity determined necessitate alerts, including paper or system generated list showing how alerts are configured.</p>

CIP-007-5 Table R4 – Security Event Monitoring			
Part	Applicable Systems	Requirements	Measures
4.3	<p>High Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA <p>Medium Impact BES Cyber Systems at Control Centers and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA 	<p>Where technically feasible, retain applicable event logs identified in Part 4.1 for at least the last 90 consecutive calendar days except under CIP Exceptional Circumstances.</p>	<p>Examples of evidence may include, but are not limited to, documentation of the event log retention process and paper or system generated reports showing log retention configuration set at 90 days or greater.</p>
4.4	<p>High Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; and 2. PCA 	<p>Review a summarization or sampling of logged events as determined by the Responsible Entity at intervals no greater than 15 calendar days to identify undetected Cyber Security Incidents.</p>	<p>Examples of evidence may include, but are not limited to, documentation describing the review, any findings from the review (if any), and dated documentation showing the review occurred.</p>

- R5.** Each Responsible Entity shall implement, in a manner that identifies, assesses, and corrects deficiencies, one or more documented processes that collectively include each of the applicable requirement parts in *CIP-007-5 Table R5 – System Access Controls*. [*Violation Risk Factor: Medium*] [*Time Horizon: Operations Planning*].
- M5.** Evidence must include each of the applicable documented processes that collectively include each of the applicable requirement parts in *CIP-007-5 Table 5 – System Access Controls* and additional evidence to demonstrate implementation as described in the Measures column of the table.

CIP-007-5 Table R5 – System Access Control			
Part	Applicable Systems	Requirements	Measures
5.1	<p>High Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA <p>Medium Impact BES Cyber Systems at Control Centers and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA <p>Medium Impact BES Cyber Systems with External Routable Connectivity and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA 	<p>Have a method(s) to enforce authentication of interactive user access, where technically feasible.</p>	<p>An example of evidence may include, but is not limited to, documentation describing how access is authenticated.</p>

CIP-007-5 Table R5 – System Access Control			
Part	Applicable Systems	Requirements	Measures
5.2	<p>High Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA <p>Medium Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA 	<p>Identify and inventory all known enabled default or other generic account types, either by system, by groups of systems, by location, or by system type(s).</p>	<p>An example of evidence may include, but is not limited to, a listing of accounts by account types showing the enabled or generic account types in use for the BES Cyber System.</p>

CIP-007-5 Table R5 – System Access Control			
Part	Applicable Systems	Requirements	Measures
5.3	<p>High Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA <p>Medium Impact BES Cyber Systems with External Routable Connectivity and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA 	<p>Identify individuals who have authorized access to shared accounts.</p>	<p>An example of evidence may include, but is not limited to, listing of shared accounts and the individuals who have authorized access to each shared account.</p>

CIP-007-5 Table R5 – System Access Control			
Part	Applicable Systems	Requirements	Measures
5.4	<p>High Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA <p>Medium Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA 	Change known default passwords, per Cyber Asset capability	<p>Examples of evidence may include, but are not limited to:</p> <ul style="list-style-type: none"> • Records of a procedure that passwords are changed when new devices are in production; or • Documentation in system manuals or other vendor documents showing default vendor passwords were generated pseudo-randomly and are thereby unique to the device.

CIP-007-5 Table R5 – System Access Control			
Part	Applicable Systems	Requirements	Measures
5.5	<p>High Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA <p>Medium Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA 	<p>For password-only authentication for interactive user access, either technically or procedurally enforce the following password parameters:</p> <ol style="list-style-type: none"> 5.5.1. Password length that is, at least, the lesser of eight characters or the maximum length supported by the Cyber Asset; and 5.5.2. Minimum password complexity that is the lesser of three or more different types of characters (e.g., uppercase alphabetic, lowercase alphabetic, numeric, non-alphanumeric) or the maximum complexity supported by the Cyber Asset. 	<p>Examples of evidence may include, but are not limited to:</p> <ul style="list-style-type: none"> • System-generated reports or screen-shots of the system-enforced password parameters, including length and complexity; or • Attestations that include a reference to the documented procedures that were followed.

CIP-007-5 Table R5 – System Access Control			
Part	Applicable Systems	Requirements	Measures
5.6	<p>High Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA <p>Medium Impact BES Cyber Systems with External Routable Connectivity and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA 	<p>Where technically feasible, for password-only authentication for interactive user access, either technically or procedurally enforce password changes or an obligation to change the password at least once every 15 calendar months.</p>	<p>Examples of evidence may include, but are not limited to:</p> <ul style="list-style-type: none"> • System-generated reports or screen-shots of the system-enforced periodicity of changing passwords; or • Attestations that include a reference to the documented procedures that were followed.

CIP-007-5 Table R5 – System Access Control			
Part	Applicable Systems	Requirements	Measures
5.7	<p>High Impact BES Cyber Systems and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA <p>Medium Impact BES Cyber Systems at Control Centers and their associated:</p> <ol style="list-style-type: none"> 1. EACMS; 2. PACS; and 3. PCA 	<p>Where technically feasible, either:</p> <ul style="list-style-type: none"> • Limit the number of unsuccessful authentication attempts; or • Generate alerts after a threshold of unsuccessful authentication attempts. 	<p>Examples of evidence may include, but are not limited to:</p> <ul style="list-style-type: none"> • Documentation of the account-lockout parameters; or • Rules in the alerting configuration showing how the system notified individuals after a determined number of unsuccessful login attempts.

C. Compliance

1. Compliance Monitoring Process:

1.1. Compliance Enforcement Authority:

The Regional Entity shall serve as the Compliance Enforcement Authority (“CEA”) unless the applicable entity is owned, operated, or controlled by the Regional Entity. In such cases the ERO or a Regional Entity approved by FERC or other applicable governmental authority shall serve as the CEA.

1.2. Evidence Retention:

The following evidence retention periods identify the period of time an entity is required to retain specific evidence to demonstrate compliance. For instances where the evidence retention period specified below is shorter than the time since the last audit, the CEA may ask an entity to provide other evidence to show that it was compliant for the full time period since the last audit.

The Responsible Entity shall keep data or evidence to show compliance as identified below unless directed by its CEA to retain specific evidence for a longer period of time as part of an investigation:

- Each Responsible Entity shall retain evidence of each requirement in this standard for three calendar years.
- If a Responsible Entity is found non-compliant, it shall keep information related to the non-compliance until mitigation is complete and approved or for the time specified above, whichever is longer.
- The CEA shall keep the last audit records and all requested and submitted subsequent audit records.

1.3. Compliance Monitoring and Assessment Processes:

- Compliance Audit
- Self-Certification
- Spot Checking
- Compliance Investigation
- Self-Reporting
- Complaint

1.4. Additional Compliance Information:

- None

D. Regional Variances

None.

E. Interpretations

None.

F. Associated Documents

None.

2. Table of Compliance Elements

R #	Time Horizon	VRF	Violation Severity Levels (CIP-007-5)			
			Lower VSL	Moderate VSL	High VSL	Severe VSL
R1	Same Day Operations	Medium	N/A	<p>The Responsible Entity has implemented and documented processes for Ports and Services but had no methods to protect against unnecessary physical input/output ports used for network connectivity, console commands, or removable media and has identified deficiencies but did not assess or correct the deficiencies. (1.2)</p> <p>OR</p> <p>The Responsible Entity has implemented and</p>	<p>The Responsible Entity has implemented and documented processes for determining necessary Ports and Services but, where technically feasible, had one or more unneeded logical network accessible ports enabled and has identified deficiencies but did not assess or correct the deficiencies. (1.1)</p> <p>OR</p> <p>The Responsible Entity has implemented and documented processes for determining</p>	<p>The Responsible Entity has implemented and documented processes for determining necessary Ports and Services but, where technically feasible, had one or more unneeded logical network accessible ports enabled and has identified deficiencies but did not assess or correct the deficiencies. (R1)</p> <p>OR</p> <p>The Responsible Entity did not implement or document one or more process(es) that included the applicable items in CIP-007-5 Table R1 and has identified deficiencies but did not assess or correct the deficiencies. (R1)</p> <p>OR</p> <p>The Responsible Entity did not implement or document one or more process(es) that included the applicable items in CIP-007-5 Table R1 but did not identify, assess, or correct</p>

R #	Time Horizon	VRF	Violation Severity Levels (CIP-007-5)			
			Lower VSL	Moderate VSL	High VSL	Severe VSL
				documented processes for Ports and Services but had no methods to protect against unnecessary physical input/output ports used for network connectivity, console commands, or removable media but did not identify, assess, or correct the deficiencies. (1.2)	necessary Ports and Services but, where technically feasible, had one or more unneeded logical network accessible ports enabled but did not identify, assess, or correct the deficiencies. (1.1)	the deficiencies. (R1)
R2	Operations Planning	Medium	The Responsible Entity has documented and implemented one or more process(es) to evaluate uninstalled released security patches for applicability but did not evaluate the	The Responsible Entity has documented or implemented one or more process(es) for patch management but did not include any processes, including the identification of	The Responsible Entity has documented or implemented one or more process(es) for patch management but did not include any processes for installing cyber security patches for	The Responsible Entity did not implement or document one or more process(es) that included the applicable items in CIP-007-5 Table R2 and has identified deficiencies but did not assess or correct

R #	Time Horizon	VRF	Violation Severity Levels (CIP-007-5)			
			Lower VSL	Moderate VSL	High VSL	Severe VSL
			<p>security patches for applicability within 35 calendar days but less than 50 calendar days of the last evaluation for the source or sources identified and has identified deficiencies but did not assess or correct the deficiencies. (2.2)</p> <p>OR</p> <p>The Responsible Entity has documented and implemented one or more process(es) to evaluate uninstalled released security patches for applicability but did not evaluate the security patches for applicability within</p>	<p>sources, for tracking or evaluating cyber security patches for applicable Cyber Assets and has identified deficiencies but did not assess or correct the deficiencies. (2.1)</p> <p>OR</p> <p>The Responsible Entity has documented or implemented one or more process(es) for patch management but did not include any processes, including the identification of sources, for tracking, or evaluating cyber security patches for applicable Cyber Assets but did not</p>	<p>applicable Cyber Assets and has identified deficiencies but did not assess or correct the deficiencies. (2.1)</p> <p>OR</p> <p>The Responsible Entity has documented or implemented one or more process(es) for patch management but did not include any processes for installing cyber security patches for applicable Cyber Assets but did not identify, assess, or correct the deficiencies. (2.1)</p> <p>OR</p>	<p>the deficiencies. (R2)</p> <p>OR</p> <p>The Responsible Entity did not implement or document one or more process(es) that included the applicable items in CIP-007-5 Table R2 but did not identify, assess, or correct the deficiencies. (R2)</p> <p>OR</p> <p>The Responsible Entity has documented or implemented one or more process(es) for patch management but did not include any processes for tracking, evaluating,</p>

R #	Time Horizon	VRF	Violation Severity Levels (CIP-007-5)			
			Lower VSL	Moderate VSL	High VSL	Severe VSL
			<p>35 calendar days but less than 50 calendar days of the last evaluation for the source or sources identified but did not identify, assess, or correct the deficiencies. (2.2)</p> <p>OR</p> <p>The Responsible Entity has one or more documented process(es) for evaluating cyber security patches but, in order to mitigate the vulnerabilities exposed by applicable security patches, did not apply the applicable patches, create a dated mitigation plan, or revise an</p>	<p>identify, assess, or correct the deficiencies. (2.1)</p> <p>OR</p> <p>The Responsible Entity has documented and implemented one or more process(es) to evaluate uninstalled released security patches for applicability but did not evaluate the security patches for applicability within 50 calendar days but less than 65 calendar days of the last evaluation for the source or sources identified and has identified deficiencies but did not assess or correct</p>	<p>The Responsible Entity has documented and implemented one or more process(es) to evaluate uninstalled released security patches for applicability but did not evaluate the security patches for applicability within 65 calendar days of the last evaluation for the source or sources identified and has identified deficiencies but did not assess or correct the deficiencies. (2.2)</p> <p>OR</p> <p>The Responsible Entity has documented and implemented one or</p>	<p>or installing cyber security patches for applicable Cyber Assets and has identified deficiencies but did not assess or correct the deficiencies. (2.1)</p> <p>OR</p> <p>The Responsible Entity has documented or implemented one or more process(es) for patch management but did not include any processes for tracking, evaluating, or installing cyber security patches for applicable Cyber Assets but did not identify, assess, or correct the deficiencies. (2.1)</p>

R #	Time Horizon	VRF	Violation Severity Levels (CIP-007-5)			
			Lower VSL	Moderate VSL	High VSL	Severe VSL
			<p>existing mitigation plan within 35 calendar days but less than 50 calendar days of the evaluation completion and has identified deficiencies but did not assess or correct the deficiencies. (2.3)</p> <p>OR</p> <p>The Responsible Entity has one or more documented process(es) for evaluating cyber security patches but, in order to mitigate the vulnerabilities exposed by applicable security patches, did not apply the applicable patches, create a</p>	<p>the deficiencies. (2.2)</p> <p>OR</p> <p>The Responsible Entity has documented and implemented one or more process(es) to evaluate uninstalled released security patches for applicability but did not evaluate the security patches for applicability within 50 calendar days but less than 65 calendar days of the last evaluation for the source or sources identified but did not identify, assess, or correct the deficiencies. (2.2)</p>	<p>more process(es) to evaluate uninstalled released security patches for applicability but did not evaluate the security patches for applicability within 65 calendar days of the last evaluation for the days source or sources identified but did not identify, assess, or correct the deficiencies. (2.2)</p> <p>OR</p> <p>The Responsible Entity has one or more documented process(es) for evaluating cyber security patches but, in order to mitigate the vulnerabilities exposed by</p>	<p>OR</p> <p>The Responsible Entity documented a mitigation plan for an applicable cyber security patch and documented a revision or extension to the timeframe but did not obtain approval by the CIP Senior Manager or delegate and has identified deficiencies but did not assess or correct the deficiencies. (2.4)</p> <p>OR</p> <p>The Responsible Entity documented a mitigation plan for an applicable cyber security patch and documented a</p>

R #	Time Horizon	VRF	Violation Severity Levels (CIP-007-5)			
			Lower VSL	Moderate VSL	High VSL	Severe VSL
			dated mitigation plan, or revise an existing mitigation plan within 35 calendar days but less than 50 calendar days of the evaluation completion but did not identify, assess, or correct the deficiencies. (2.3)	OR The Responsible Entity has one or more documented process(es) for evaluating cyber security patches but, in order to mitigate the vulnerabilities exposed by applicable security patches, did not apply the applicable patches, create a dated mitigation plan, or revise an existing mitigation plan within 50 calendar days but less than 65 calendar days of the evaluation completion and has identified deficiencies but did not assess or correct	applicable security patches, did not apply the applicable patches, create a dated mitigation plan, or revise an existing mitigation plan within 65 calendar days of the evaluation completion and has identified deficiencies but did not assess or correct the deficiencies. (2.3) OR The Responsible Entity has one or more documented process(es) for evaluating cyber security patches but, in order to mitigate the vulnerabilities exposed by	revision or extension to the timeframe but did not obtain approval by the CIP Senior Manager or delegate but did not identify, assess, or correct the deficiencies. (2.4) OR The Responsible Entity documented a mitigation plan for an applicable cyber security patch but did not implement the plan as created or revised within the timeframe specified in the plan and has identified deficiencies but did not assess or correct the deficiencies. (2.4)

R #	Time Horizon	VRF	Violation Severity Levels (CIP-007-5)			
			Lower VSL	Moderate VSL	High VSL	Severe VSL
				the deficiencies. (2.3) OR The Responsible Entity has one or more documented process(es) for evaluating cyber security patches but, in order to mitigate the vulnerabilities exposed by applicable security patches, did not apply the applicable patches, create a dated mitigation plan, or revise an existing mitigation plan within 50 calendar days but less than 65 calendar days of the evaluation completion but did not identify, assess,	applicable security patches, did not apply the applicable patches, create a dated mitigation plan, or revise an existing mitigation plan within 65 calendar days of the evaluation completion but did not identify, assess, or correct the deficiencies. (2.3)	OR The Responsible Entity documented a mitigation plan for an applicable cyber security patch but did not implement the plan as created or revised within the timeframe specified in the plan but did not identify, assess, or correct the deficiencies. (2.4)

R #	Time Horizon	VRF	Violation Severity Levels (CIP-007-5)			
			Lower VSL	Moderate VSL	High VSL	Severe VSL
				or correct the deficiencies. (2.3)		
R3	Same Day Operations	Medium		<p>The Responsible Entity has implemented one or more documented process(es), but, where signatures or patterns are used, the Responsible Entity did not address testing the signatures or patterns and has identified deficiencies but did not assess or correct the deficiencies. (3.3)</p> <p>OR</p> <p>The Responsible Entity has implemented one or more documented process(es), but,</p>	<p>The Responsible Entity has implemented one or more documented process(es) for malicious code prevention but did not mitigate the threat of detected malicious code and has identified deficiencies but did not assess or correct the deficiencies. (3.2)</p> <p>OR</p> <p>The Responsible Entity has implemented one or more documented process(es) for malicious code prevention but did not mitigate the threat of detected</p>	<p>The Responsible Entity did not implement or document one or more process(es) that included the applicable items in CIP-007-5 Table R3 and has identified deficiencies but did not assess or correct the deficiencies. (R3)</p> <p>OR</p> <p>The Responsible Entity did not implement or document one or more process(es) that included the applicable items in CIP-007-5 Table R3 and did not identify,</p>

R #	Time Horizon	VRF	Violation Severity Levels (CIP-007-5)			
			Lower VSL	Moderate VSL	High VSL	Severe VSL
				where signatures or patterns are used, the Responsible Entity did not address testing the signatures or patterns and did not identify, assess, or correct the deficiencies. (3.3)	malicious code and did not identify, assess, or correct the deficiencies. (3.2) OR The Responsible Entity has implemented one or more documented process(es) for malicious code prevention, but where signatures or patterns are used, the Responsible Entity did not update malicious code protections and has identified deficiencies but did not assess or correct the deficiencies. (3.3) OR	assess, or correct the deficiencies. (R3) OR The Responsible Entity has implemented one or more documented process(es) for malicious code prevention but did not deploy method(s) to deter, detect, or prevent malicious code and has identified deficiencies but did not assess or correct the deficiencies. (3.1) OR The Responsible Entity has implemented one or more documented

R #	Time Horizon	VRF	Violation Severity Levels (CIP-007-5)			
			Lower VSL	Moderate VSL	High VSL	Severe VSL
					The Responsible Entity has implemented one or more documented process(es) for malicious code prevention, but where signatures or patterns are used, the Responsible Entity did not update malicious code protections and did not identify, assess, or correct the deficiencies. (3.3)	process(es) for malicious code prevention but did not deploy method(s) to deter, detect, or prevent malicious code and did not identify, assess, or correct the deficiencies. (3.1)
R4	Same Day Operations and Operations Assessment	Medium	The Responsible Entity has documented and implemented one or more process(es) to identify undetected Cyber Security Incidents by reviewing an entity-	The Responsible Entity has documented and implemented one or more process(es) to identify undetected Cyber Security Incidents by reviewing an entity-	The Responsible Entity has documented and implemented one or more process(es) to generate alerts for necessary security events (as determined by the	The Responsible Entity did not implement or document one or more process(es) that included the applicable items in CIP-007-5 Table R4 and has identified

R #	Time Horizon	VRF	Violation Severity Levels (CIP-007-5)			
			Lower VSL	Moderate VSL	High VSL	Severe VSL
			<p>determined summarization or sampling of logged events at least every 15 calendar days but missed an interval and completed the review within 22 calendar days of the prior review and has identified deficiencies but did not assess or correct the deficiencies. (4.4)</p> <p>OR</p> <p>The Responsible Entity has documented and implemented one or more process(es) to identify undetected Cyber Security Incidents by reviewing an entity-determined</p>	<p>determined summarization or sampling of logged events at least every 15 calendar days but missed an interval and completed the review within 30 calendar days of the prior review and has identified deficiencies but did not assess or correct the deficiencies. (4.4)</p> <p>OR</p> <p>The Responsible Entity has documented and implemented one or more process(es) to identify undetected Cyber Security Incidents by reviewing an entity-determined</p>	<p>responsible entity) for the Applicable Systems (per device or system capability) but did not generate alerts for all of the required types of events described in 4.2.1 through 4.2.2 and has identified deficiencies but did not assess or correct the deficiencies. (4.2)</p> <p>OR</p> <p>The Responsible Entity has documented and implemented one or more process(es) to generate alerts for necessary security events (as determined by the responsible entity) for the Applicable</p>	<p>deficiencies but did not assess or correct the deficiencies. (R4)</p> <p>OR</p> <p>The Responsible Entity did not implement or document one or more process(es) that included the applicable items in CIP-007-5 Table R4 and did not identify, assess, or correct the deficiencies. (R4)</p> <p>OR</p> <p>The Responsible Entity has documented and implemented one or more process(es) to log events for the Applicable Systems</p>

R #	Time Horizon	VRF	Violation Severity Levels (CIP-007-5)			
			Lower VSL	Moderate VSL	High VSL	Severe VSL
			<p>summarization or sampling of logged events at least every 15 calendar days but missed an interval and completed the review within 22 calendar days of the prior review but did not identify, assess, or correct the deficiencies. (4.4)</p>	<p>summarization or sampling of logged events at least every 15 calendar days but missed an interval and completed the review within 30 calendar days of the prior review but did not identify, assess, or correct the deficiencies. (4.4)</p>	<p>Systems (per device or system capability) but did not generate alerts for all of the required types of events described in 4.2.1 through 4.2.2 and did not identify, assess, or correct the deficiencies. (4.2) OR The Responsible Entity has documented and implemented one or more process(es) to log applicable events identified in 4.1 (where technically feasible and except during CIP Exceptional Circumstances) but did not retain applicable event</p>	<p>(per device or system capability) but did not detect and log all of the required types of events described in 4.1.1 through 4.1.3 and has identified deficiencies but did not assess or correct the deficiencies. (4.1) OR The Responsible Entity has documented and implemented one or more process(es) to log events for the Applicable Systems (per device or system capability) but did not detect and log all of the required types of events described in</p>

R #	Time Horizon	VRF	Violation Severity Levels (CIP-007-5)			
			Lower VSL	Moderate VSL	High VSL	Severe VSL
					logs for at least the last 90 consecutive days and has identified deficiencies but did not assess or correct the deficiencies. (4.3) OR The Responsible Entity has documented and implemented one or more process(es) to log applicable events identified in 4.1 (where technically feasible and except during CIP Exceptional Circumstances) but did not retain applicable event logs for at least the last 90 consecutive days and did not	4.1.1 through 4.1.3 and did not identify, assess, or correct the deficiencies. (4.1)

R #	Time Horizon	VRF	Violation Severity Levels (CIP-007-5)			
			Lower VSL	Moderate VSL	High VSL	Severe VSL
					identify, assess, or correct the deficiencies. (4.3) OR The Responsible Entity has documented and implemented one or more process(es) to identify undetected Cyber Security Incidents by reviewing an entity-determined summarization or sampling of logged events at least every 15 calendar days but missed two or more intervals and has identified deficiencies but did not assess or correct the deficiencies. (4.4)	

R #	Time Horizon	VRF	Violation Severity Levels (CIP-007-5)			
			Lower VSL	Moderate VSL	High VSL	Severe VSL
					OR The Responsible Entity has documented and implemented one or more process(es) to identify undetected Cyber Security Incidents by reviewing an entity-determined summarization or sampling of logged events at least every 15 calendar days but missed two or more intervals and did not identify, assess, or correct the deficiencies. (4.4)	
R5	Operations Planning	Medium	The Responsible Entity has implemented one or more documented process(es) for password-only	The Responsible Entity has implemented one or more documented process(es) for password-only	The Responsible Entity has implemented one or more documented process(es) for System Access	The Responsible Entity did not implement or document one or more process(es) that included the

R #	Time Horizon	VRF	Violation Severity Levels (CIP-007-5)			
			Lower VSL	Moderate VSL	High VSL	Severe VSL
			<p>authentication for interactive user access but did not technically or procedurally enforce password changes or an obligation to change the password within 15 calendar months but less than or equal to 16 calendar months of the last password change and has identified deficiencies but did not assess or correct the deficiencies. (5.6)</p> <p>OR</p> <p>The Responsible Entity has implemented one or more documented process(es) for password-only</p>	<p>authentication for interactive user access but did not technically or procedurally enforce password changes or an obligation to change the password within 16 calendar months but less than or equal to 17 calendar months of the last password change and has identified deficiencies but did not assess or correct the deficiencies. (5.6)</p> <p>OR</p> <p>The Responsible Entity has implemented one or more documented process(es) for password-only</p>	<p>Controls but, did not include the identification or inventory of all known enabled default or other generic account types, either by system, by groups of systems, by location, or by system type(s) and has identified deficiencies but did not assess or correct the deficiencies. (5.2)</p> <p>OR</p> <p>The Responsible Entity has implemented one or more documented process(es) for System Access Controls but, did not include the identification or</p>	<p>applicable items in <i>CIP-007-5 Table R5</i> and has identified deficiencies but did not assess or correct the deficiencies. (R5)</p> <p>OR</p> <p>The Responsible Entity did not implement or document one or more process(es) that included the applicable items in <i>CIP-007-5 Table R5</i> and did not identify, assess, or correct the deficiencies. (R5)</p> <p>OR</p> <p>The Responsible Entity has implemented one or more documented</p>

R #	Time Horizon	VRF	Violation Severity Levels (CIP-007-5)			
			Lower VSL	Moderate VSL	High VSL	Severe VSL
			authentication for interactive user access but did not technically or procedurally enforce password changes or an obligation to change the password within 15 calendar months but less than or equal to 16 calendar months of the last password change and did not identify, assess, or correct the deficiencies. (5.6)	authentication for interactive user access but did not technically or procedurally enforce password changes or an obligation to change the password within 16 calendar months but less than or equal to 17 calendar months of the last password change and did not identify, assess, or correct the deficiencies. (5.6)	inventory of all known enabled default or other generic account types, either by system, by groups of systems, by location, or by system type(s) and did not identify, assess, or correct the deficiencies. (5.2) OR The Responsible Entity has implemented one or more documented process(es) for System Access Controls but, did not include the identification of the individuals with authorized access to shared accounts and has identified	process(es) for System Access Controls but, where technically feasible, does not have a method(s) to enforce authentication of interactive user access and has identified deficiencies but did not assess or correct the deficiencies. (5.1) OR The Responsible Entity has implemented one or more documented process(es) for System Access Controls but, where technically feasible, does not have a method(s) to

R #	Time Horizon	VRF	Violation Severity Levels (CIP-007-5)			
			Lower VSL	Moderate VSL	High VSL	Severe VSL
					deficiencies but did not assess or correct the deficiencies. (5.3) OR The Responsible Entity has implemented one or more documented process(es) for System Access Controls but, did not include the identification of the individuals with authorized access to shared accounts and did not identify, assess, or correct the deficiencies. (5.3) OR The Responsible Entity has implemented one or	enforce authentication of interactive user access and did not identify, assess, or correct the deficiencies. (5.1) OR The Responsible Entity has implemented one or more documented process(es) for System Access Controls but did not, per device capability, change known default passwords and has identified deficiencies but did not assess or correct the deficiencies. (5.4) OR

R #	Time Horizon	VRF	Violation Severity Levels (CIP-007-5)			
			Lower VSL	Moderate VSL	High VSL	Severe VSL
					<p>more documented process(es) for password-only authentication for interactive user access that did not technically or procedurally enforce one of the two password parameters as described in 5.5.1 and 5.5.2 and has identified deficiencies but did not assess or correct the deficiencies. (5.5)</p> <p>OR</p> <p>The Responsible Entity has implemented one or more documented process(es) for password-only authentication for</p>	<p>The Responsible Entity has implemented one or more documented process(es) for System Access Controls but did not, per device capability, change known default passwords but did not identify, assess, or correct the deficiencies. (5.4)</p> <p>OR</p> <p>The Responsible Entity has implemented one or more documented process(es) for password-only authentication for interactive user access but the Responsible Entity did not technically</p>

R #	Time Horizon	VRF	Violation Severity Levels (CIP-007-5)			
			Lower VSL	Moderate VSL	High VSL	Severe VSL
					interactive user access that did not technically or procedurally enforce one of the two password parameters as described in 5.5.1 and 5.5.2 and did not identify, assess, or correct the deficiencies. (5.5) OR The Responsible Entity has implemented one or more documented process(es) for password-only authentication for interactive user access but did not technically or procedurally enforce password changes or an obligation to	or procedurally enforce all of the password parameters described in 5.5.1 and 5.5.2 and has identified deficiencies but did not assess or correct the deficiencies. (5.5) OR The Responsible Entity has implemented one or more documented process(es) for password-only authentication for interactive user access but the Responsible Entity did not technically or procedurally enforce all of the password

R #	Time Horizon	VRF	Violation Severity Levels (CIP-007-5)			
			Lower VSL	Moderate VSL	High VSL	Severe VSL
					change the password within 17 calendar months but less than or equal to 18 calendar months of the last password change and has identified deficiencies but did not assess or correct the deficiencies. (5.6) OR The Responsible Entity has implemented one or more documented process(es) for password-only authentication for interactive user access but did not technically or procedurally enforce password changes or an obligation to	parameters described in 5.5.1 and 5.5.2 and did not identify, assess, or correct the deficiencies. (5.5) OR The Responsible Entity has implemented one or more documented process(es) for password-only authentication for interactive user access but did not technically or procedurally enforce password changes or an obligation to change the password within 18 calendar months of the last password change and has identified

R #	Time Horizon	VRF	Violation Severity Levels (CIP-007-5)			
			Lower VSL	Moderate VSL	High VSL	Severe VSL
					change the password within 17 calendar months but less than or equal to 18 calendar months of the last password change and did not identify, assess, or correct the deficiencies. (5.6)	deficiencies but did not assess or correct the deficiencies. (5.6) OR The Responsible Entity has implemented one or more documented process(es) for password-only authentication for interactive user access but did not technically or procedurally enforce password changes or an obligation to change the password within 18 calendar months of the last password change and did not identify, assess, or correct the deficiencies. (5.6)

R #	Time Horizon	VRF	Violation Severity Levels (CIP-007-5)			
			Lower VSL	Moderate VSL	High VSL	Severe VSL
						OR The Responsible Entity has implemented one or more documented process(es) for System Access Control but, where technically feasible, did not either limit the number of unsuccessful authentication attempts or generate alerts after a threshold of unsuccessful authentication attempts and has identified deficiencies but did not assess or correct the deficiencies. (5.7) OR

R #	Time Horizon	VRF	Violation Severity Levels (CIP-007-5)			
			Lower VSL	Moderate VSL	High VSL	Severe VSL
						The Responsible Entity has implemented one or more documented process(es) for System Access Control but, where technically feasible, did not either limit the number of unsuccessful authentication attempts or generate alerts after a threshold of unsuccessful authentication attempts and did not identify, assess, or correct the deficiencies. (5.7)

Guidelines and Technical Basis

Section 4 – Scope of Applicability of the CIP Cyber Security Standards

Section “4. Applicability” of the standards provides important information for Responsible Entities to determine the scope of the applicability of the CIP Cyber Security Requirements.

Section “4.1. Functional Entities” is a list of NERC functional entities to which the standard applies. If the entity is registered as one or more of the functional entities listed in Section 4.1, then the NERC CIP Cyber Security Standards apply. Note that there is a qualification in Section 4.1 that restricts the applicability in the case of Distribution Providers to only those that own certain types of systems and equipment listed in 4.2. Furthermore,

Section “4.2. Facilities” defines the scope of the Facilities, systems, and equipment owned by the Responsible Entity, as qualified in Section 4.1, that is subject to the requirements of the standard. As specified in the exemption section 4.2.3.5, this standard does not apply to Responsible Entities that do not have High Impact or Medium Impact BES Cyber Systems under CIP-002-5’s categorization. In addition to the set of BES Facilities, Control Centers, and other systems and equipment, the list includes the set of systems and equipment owned by Distribution Providers. While the NERC Glossary term “Facilities” already includes the BES characteristic, the additional use of the term BES here is meant to reinforce the scope of applicability of these Facilities where it is used, especially in this applicability scoping section. This in effect sets the scope of Facilities, systems, and equipment that is subject to the standards.

Requirement R1:

Requirement R1 exists to reduce the attack surface of Cyber Assets by requiring entities to disable known unnecessary ports. The SDT intends for the entity to know what network accessible (“listening”) ports and associated services are accessible on their assets and systems, whether they are needed for that Cyber Asset’s function, and disable or restrict access to all other ports.

1.1. This requirement is most often accomplished by disabling the corresponding service or program that is listening on the port or configuration settings within the Cyber Asset. It can also be accomplished through using host-based firewalls, TCP_Wrappers, or other means on the Cyber Asset to restrict access. Note that the requirement is applicable at the Cyber Asset level. The Cyber Assets are those which comprise the applicable BES Cyber Systems and their associated Cyber Assets. This control is another layer in the defense against network-based attacks, therefore the SDT intends that the control be on the device itself, or positioned inline in a non-bypassable manner. Blocking ports at the ESP border does not substitute for this device level requirement. If a device has no provision for disabling or restricting logical ports on the device (example - purpose built devices that run from firmware with no port configuration available) then those ports that are open are deemed ‘needed.’

1.2. Examples of physical I/O ports include network, serial and USB ports external to the device casing. BES Cyber Systems should exist within a Physical Security Perimeter in which

case the physical I/O ports have protection from unauthorized access, but it may still be possible for accidental use such as connecting a modem, connecting a network cable that bridges networks, or inserting a USB drive. Ports used for 'console commands' primarily means serial ports on Cyber Assets that provide an administrative interface.

The protection of these ports can be accomplished in several ways including, but not limited to:

- Disabling all unneeded physical ports within the Cyber Asset's configuration
- Prominent signage, tamper tape, or other means of conveying that the ports should not be used without proper authorization
- Physical port obstruction through removable locks

This is a 'defense in depth' type control and it is acknowledged that there are other layers of control (the PSP for one) that prevent unauthorized personnel from gaining physical access to these ports. Even with physical access, it has been pointed out there are other ways to circumvent the control. This control, with its inclusion of means such as signage, is not meant to be a preventative control against intruders. Signage is indeed a directive control, not a preventative one. However, with a defense-in-depth posture, different layers and types of controls are required throughout the standard with this providing another layer for depth in Control Center environments. Once physical access has been achieved through the other preventative and detective measures by authorized personnel, a directive control that outlines proper behavior as a last line of defense are appropriate in these highest risk areas. In essence, signage would be used to remind authorized users to "think before you plug anything into one of these systems" which is the intent. This control is not designed primarily for intruders, but for example the authorized employee who intends to plug his possibly infected smartphone into an operator console USB port to charge the battery.

Requirement R2:

The SDT's intent of Requirement R2 is to require entities to know, track, and mitigate the known software vulnerabilities associated with their BES Cyber Assets. It is not strictly an "install every security patch" requirement; the main intention is to "be aware of in a timely manner and manage all known vulnerabilities" requirement.

Patch management is required for BES Cyber Systems that are accessible remotely as well as standalone systems. Stand alone systems are vulnerable to intentional or unintentional introduction of malicious code. A sound defense-in-depth security strategy employs additional measures such as physical security, malware prevention software, and software patch management to reduce the introduction of malicious code or the exploit of known vulnerabilities.

One or multiple processes could be utilized. An overall assessment process may exist in a top tier document with lower tier documents establishing the more detailed process followed for individual systems. Lower tier documents could be used to cover BES Cyber System nuances that may occur at the system level.

2.1. The Responsible Entity is to have a patch management program that covers tracking, evaluating, and installing cyber security patches. The requirement applies to patches only,

which are fixes released to handle a specific vulnerability in a hardware or software product. The requirement covers only patches that involve cyber security fixes and does not cover patches that are purely functionality related with no cyber security impact. Tracking involves processes for notification of the availability of new cyber security patches for the Cyber Assets. Documenting the patch source in the tracking portion of the process is required to determine when the assessment timeframe clock starts. This requirement handles the situation where security patches can come from an original source (such as an operating system vendor), but must be approved or certified by another source (such as a control system vendor) before they can be assessed and applied in order to not jeopardize the availability or integrity of the control system. The source can take many forms. The National Vulnerability Database, Operating System vendors, or Control System vendors could all be sources to monitor for release of security related patches, hotfixes, and/or updates. A patch source is not required for Cyber Assets that have no updateable software or firmware (there is no user accessible way to update the internal software or firmware executing on the Cyber Asset), or those Cyber Assets that have no existing source of patches such as vendors that no longer exist. The identification of these sources is intended to be performed once unless software is changed or added to the Cyber Asset's baseline.

2.2. Responsible Entities are to perform an assessment of security related patches within 35 days of release from their monitored source. An assessment should consist of determination of the applicability of each patch to the entity's specific environment and systems. Applicability determination is based primarily on whether the patch applies to a specific software or hardware component that the entity does have installed in an applicable Cyber Asset. A patch that applies to a service or component that is not installed in the entity's environment is not applicable. If the patch is determined to be non-applicable, that is documented with the reasons why and the entity is compliant. If the patch is applicable, the assessment can include a determination of the risk involved, how the vulnerability can be remediated, the urgency and timeframe of the remediation, and the steps the entity has previously taken or will take. Considerable care must be taken in applying security related patches, hotfixes, and/or updates or applying compensating measures to BES Cyber System or BES Cyber Assets that are no longer supported by vendors. It is possible security patches, hotfixes, and updates may reduce the reliability of the system, and entities should take this into account when determining the type of mitigation to apply. The Responsible Entities can use the information provided in the Department of Homeland Security "Quarterly Report on Cyber Vulnerabilities of Potential Risk to Control Systems" as a source. The DHS document "Recommended Practice for Patch Management of Control Systems" provides guidance on an evaluative process. It uses severity levels determined using the Common Vulnerability Scoring System Version 2. Determination that a security related patch, hotfix, and/or update poses too great a risk to install on a system or is not applicable due to the system configuration should not require a TFE.

When documenting the remediation plan measures it may not be necessary to document them on a one to one basis. The remediation plan measures may be cumulative. A measure to address a software vulnerability may involve disabling a particular service. That same service may be exploited through other software vulnerabilities. Therefore disabling the single service has addressed multiple patched vulnerabilities.

2.3. The requirement handles the situations where it is more of a reliability risk to patch a running system than the vulnerability presents. In all cases, the entity either installs the patch or documents (either through the creation of a new or update of an existing mitigation plan) what they are going to do to mitigate the vulnerability and when they are going to do so. There are times when it is in the best interest of reliability to not install a patch, and the entity can document what they have done to mitigate the vulnerability. For those security related patches that are determined to be applicable, the Responsible Entity must within 35 days either install the patch, create a dated mitigation plan which will outline the actions to be taken or those that have already been taken by the Responsible Entity to mitigate the vulnerabilities addressed by the security patch, or revise an existing mitigation plan. Timeframes do not have to be designated as a particular calendar day but can have event designations such as “at next scheduled outage of at least two days duration.” “Mitigation plans” in the standard refers to internal documents and are not to be confused with plans that are submitted to Regional Entities in response to violations.

2.4. The entity has been notified of, has assessed, and has developed a plan to remediate the known risk and that plan must be implemented. Remediation plans that only include steps that have been previously taken are considered implemented upon completion of the documentation. Remediation plans that have steps to be taken to remediate the vulnerability must be implemented by the timeframe the entity documented in their plan. There is no maximum timeframe in this requirement as patching and other system changes carries its own risk to the availability and integrity of the systems and may require waiting until a planned outage. In periods of high demand or threatening weather, changes to systems may be curtailed or denied due to the risk to reliability.

Requirement R3:

3.1. Due to the wide range of equipment comprising the BES Cyber Systems and the wide variety of vulnerability and capability of that equipment to malware as well as the constantly evolving threat and resultant tools and controls, it is not practical within the standard to prescribe how malware is to be addressed on each Cyber Asset. Rather, the Responsible Entity determines on a BES Cyber System basis which Cyber Assets have susceptibility to malware intrusions and documents their plans and processes for addressing those risks and provides evidence that they follow those plans and processes. There are numerous options available including traditional antivirus solutions for common operating systems, white-listing solutions, network isolation techniques, portable storage media policies, Intrusion Detection/Prevention (IDS/IPS) solutions, etc. If an entity has numerous BES Cyber Systems or Cyber Assets that are of identical architecture, they may provide one process that describes how all the like Cyber Assets are covered. If a specific Cyber Asset has no updateable software and its executing code cannot be altered, then that Cyber Asset is considered to have its own internal method of deterring malicious code.

3.2. When malicious code is detected on a Cyber Asset within the applicability of this requirement, the threat posed by that code must be mitigated. In situations where traditional antivirus products are used, they may be configured to automatically remove or quarantine the malicious code. In white-listing situations, the white-listing tool itself can mitigate the threat as

it will not allow the code to execute, however steps should still be taken to remove the malicious code from the Cyber Asset. In some instances, it may be in the best interest of reliability to not immediately remove or quarantine the malicious code, such as when availability of the system may be jeopardized by removal while operating and a rebuild of the system needs to be scheduled. In that case, monitoring may be increased and steps taken to insure the malicious code cannot communicate with other systems. In some instances the entity may be working with law enforcement or other governmental entities to closely monitor the code and track the perpetrator(s). For these reasons, there is no maximum timeframe or method prescribed for the removal of the malicious code, but the requirement is to mitigate the threat posed by the now identified malicious code.

3.3. In instances where malware detection technologies depend on signatures or patterns of known attacks, the effectiveness of these tools against evolving threats is tied to the ability to keep these signatures and patterns updated in a timely manner. The entity is to have a documented process that includes the testing and installation of signature or pattern updates. In a BES Cyber System, there may be some Cyber Assets that would benefit from the more timely installation of the updates where availability of that Cyber Asset would not jeopardize the availability of the BES Cyber System's ability to perform its function. For example, some HMI workstations where portable media is utilized may benefit from having the very latest updates at all times with minimal testing. Other Cyber Assets should have any updates thoroughly tested before implementation where the result of a 'false positive' could harm the availability of the BES Cyber System. The testing should not negatively impact the reliability of the BES. The testing should be focused on the update itself and if it will have an adverse impact on the BES Cyber System. Testing in no way implies that the entity is testing to ensure that malware is indeed detected by introducing malware into the environment. It is strictly focused on ensuring that the update does not negatively impact the BES Cyber System before those updates are placed into production.

Requirement R4:

Refer to NIST 800-92 and 800-137 for additional guidance in security event monitoring.

4.1. In a complex computing environment and faced with dynamic threats and vulnerabilities, it is not practical within the standard to enumerate all security-related events necessary to support the activities for alerting and incident response. Rather, the Responsible Entity determines which computer generated events are necessary to log, provide alerts and monitor for their particular BES Cyber System environment.

Specific security events already required in Version 4 of the CIP Standards carry forward in this version. This includes access attempts at the Electronic Access Points, if any have been identified for a BES Cyber Systems. Examples of access attempts include: (i) blocked network access attempts, (ii) successful and unsuccessful remote user access attempts, (iii) blocked network access attempts from a remote VPN, and (iv) successful network access attempts or network flow information.

User access and activity events include those events generated by Cyber Assets within the Electronic Security Perimeter that have access control capability. These types of events include:

(i) successful and unsuccessful authentication, (ii) account management, (iii) object access, and (iv) processes started and stopped.

It is not the intent of the SDT that if a device cannot log a particular event that a TFE must be generated. The SDT's intent is that if any of the items in the bulleted list (for example, user logouts) can be logged by the device then the entity must log that item. If the device does not have the capability of logging that event, the entity remains compliant.

4.2. Real-time alerting allows the cyber system to automatically communicate events of significance to designated responders. This involves configuration of a communication mechanism and log analysis rules. Alerts can be configured in the form of an email, text message, or system display and alarming. The log analysis rules can exist as part of the operating system, specific application or a centralized security event monitoring system. On one end, a real-time alert could consist of a set point on an RTU for a login failure, and on the other end, a security event monitoring system could provide multiple alerting communications options triggered on any number of complex log correlation rules.

The events triggering a real-time alert may change from day to day as system administrators and incident responders better understand the types of events that might be indications of a cyber-security incident. Configuration of alerts also must balance the need for responders to know an event occurred with the potential inundation of insignificant alerts. The following list includes examples of events a Responsible Entity should consider in configuring real-time alerts:

- Detected known or potential malware or malicious activity
- Failure of security event logging mechanisms
- Login failures for critical accounts
- Interactive login of system accounts
- Enabling of accounts
- Newly provisioned accounts
- System administration or change tasks by an unauthorized user
- Authentication attempts on certain accounts during non-business hours
- Unauthorized configuration changes
- Insertion of removable media in violation of a policy

4.3 Logs that are created under Part 4.1 are to be retained on the applicable Cyber Assets or BES Cyber Systems for at least 90 days. This is different than the evidence retention period called for in the CIP standards used to prove historical compliance. For such audit purposes, the entity should maintain evidence that shows that 90 days were kept historically. One example would be records of disposition of event logs beyond 90 days up to the evidence retention period.

4.4. Reviewing logs at least every 15 days (approximately every two weeks) can consist of analyzing a summarization or sampling of logged events. NIST SP800-92 provides a lot of guidance in periodic log analysis. If a centralized security event monitoring system is used, log analysis can be performed top-down starting with a review of trends from summary reports.

The log review can also be an extension of the exercise in identifying those events needing real-time alerts by analyzing events that are not fully understood or could possibly inundate the real-time alerting.

Requirement R5:

Account types referenced in this guidance typically include:

- Shared user account: An account used by multiple users for normal business functions by employees or contractors. Usually on a device that does not support Individual User Accounts.
- Individual user account: An account used by a single user.
- Administrative account: An account with elevated privileges for performing administrative or other specialized functions. These can be individual or shared accounts.
- System account: Accounts used to run services on a system (web, DNS, mail etc). No users have access to these accounts.
- Application account: A specific system account, with rights granted at the application level often used for access into a Database.
- Guest account: An individual user account not typically used for normal business functions by employees or contractors and not associated with a specific user. May or may not be shared by multiple users.
- Remote access account: An individual user account only used for obtaining Interactive Remote Access to the BES Cyber System.
- Generic account: A group account set up by the operating system or application to perform specific operations. This differs from a shared user account in that individual users do not receive authorization for access to this account type.

5.1 Reference the Requirement's rationale.

5.2 Where possible, default and other generic accounts provided by a vendor should be removed, renamed, or disabled prior to production use of the Cyber Asset or BES Cyber System. If this is not possible, the passwords must be changed from the default provided by the vendor. Default and other generic accounts remaining enabled must be documented. For common configurations, this documentation can be performed at a BES Cyber System or more general level.

5.3 Entities may choose to identify individuals with access to shared accounts through the access authorization and provisioning process, in which case the individual authorization records suffice to meet this Requirement Part. Alternatively, entities may choose to maintain a separate listing for shared accounts. Either form of evidence achieves the end result of maintaining control of shared accounts.

5.4. Default passwords can be commonly published in vendor documentation that is readily available to all customers using that type of equipment and possibly published online.

The requirement option to have unique password addresses cases where the Cyber Asset generates or has assigned pseudo-random default passwords at the time of production or installation. In these cases, the default password does not have to change because the system or manufacturer created it specific to the Cyber Asset.

5.5. Interactive user access does not include read-only information access in which the configuration of the Cyber Asset cannot change (e.g. front panel displays, web-based reports, etc.). For devices that cannot technically or for operational reasons perform authentication, an entity may demonstrate all interactive user access paths, both remote and local, are configured for authentication. Physical security suffices for local access configuration if the physical security can record who is in the Physical Security Perimeter and at what time.

Technical or procedural enforcement of password parameters are required where passwords are the only credential used to authenticate individuals. Technical enforcement of the password parameters means a Cyber Asset verifies an individually selected password meets the required parameters before allowing the account to authenticate with the selected password. Technical enforcement should be used in most cases when the authenticating Cyber Asset supports enforcing password parameters. Likewise, procedural enforcement means requiring the password parameters through procedures. Individuals choosing the passwords have the obligation of ensuring the password meets the required parameters.

Password complexity refers to the policy set by a Cyber Asset to require passwords to have one or more of the following types of characters: (1) lowercase alphabetic, (2) uppercase alphabetic, (3) numeric, and (4) non-alphanumeric or “special” characters (e.g. #, \$, @, &), in various combinations.

5.6 Technical or procedural enforcement of password change obligations are required where passwords are the only credential used to authenticate individuals. Technical enforcement of password change obligations means the Cyber Asset requires a password change after a specified timeframe prior to allowing access. In this case, the password is not required to change by the specified time as long as the Cyber Asset enforces the password change after the next successful authentication of the account. Procedural enforcement means manually changing passwords used for interactive user access after a specified timeframe.

5.7 Configuring an account lockout policy or alerting after a certain number of failed authentication attempts serves to prevent unauthorized access through an online password guessing attack. The threshold of failed authentication attempts should be set high enough to avoid false-positives from authorized users failing to authenticate. It should also be set low enough to account for online password attacks occurring over an extended period of time. This threshold may be tailored to the operating environment over time to avoid unnecessary account lockouts.

Entities should take caution when configuring account lockout to avoid locking out accounts necessary for the BES Cyber System to perform a BES reliability task. In such cases, entities should configure authentication failure alerting.

Rationale:

During the development of this standard, references to prior versions of the CIP standards and rationale for the requirements and their parts were embedded within the standard. Upon BOT approval, that information was moved to this section.

Rationale for R1:

The requirement is intended to minimize the attack surface of BES Cyber Systems through disabling or limiting access to unnecessary network accessible logical ports and services and physical I/O ports.

Summary of Changes: Changed the ‘needed for normal or emergency operations’ to those ports that are needed. Physical I/O ports were added in response to a FERC order. The unneeded physical ports in Control Centers (which are the highest risk, most impactful areas) should be protected as well.

Reference to prior version: (Part 1.1) CIP-007-4, R2.1 and R2.2

Change Rationale: (Part 1.1)

The requirement focuses on the entity knowing and only allowing those ports that are necessary. The additional classification of ‘normal or emergency’ added no value and has been removed.

Reference to prior version: (Part 1.2) New

Change Rationale: (Part 1.2)

On March 18, 2010, FERC issued an order to approve NERC’s interpretation of Requirement R2 of CIP-007-2. In this order, FERC agreed the term “ports” in “ports and services” refers to logical communication (e.g. TCP/IP) ports, but they also encouraged the drafting team to address unused physical ports.

Rationale for R2:

Security patch management is a proactive way of monitoring and addressing known security vulnerabilities in software before those vulnerabilities can be exploited in a malicious manner to gain control of or render a BES Cyber Asset or BES Cyber System inoperable.

The remediation plan can be updated as necessary to maintain the reliability of the BES, including an explanation of any rescheduling of the remediation actions.

Summary of Changes: The existing wordings of CIP-007, Requirements R3, R3.1, and R3.2, were separated into individual line items to provide more granularity. The documentation of a source(s) to monitor for release of security related patches, hot fixes, and/or updates for BES Cyber System or BES Cyber Assets was added to provide context as to when the “release” date was. The current wording stated “document the assessment of security patches and security

upgrades for applicability within thirty calendar days of availability of the patches or upgrades” and there has been confusion as to what constitutes the availability date. Due to issues that may occur regarding Control System vendor license and service agreements, flexibility must be given to Responsible Entities to define what sources are being monitored for BES Cyber Assets.

Reference to prior version: (Part 2.1) CIP-007, R3

Change Rationale: (Part 2.1)

The requirement is brought forward from previous CIP versions with the addition of defining the source(s) that a Responsible Entity monitors for the release of security related patches. Documenting the source is used to determine when the assessment timeframe clock starts. This requirement also handles the situation where security patches can come from an original source (such as an operating system vendor), but must be approved or certified by another source (such as a control system vendor) before they can be assessed and applied in order to not jeopardize the availability or integrity of the control system.

Reference to prior version: (Part 2.2) CIP-007, R3.1

Change Rationale: (Part 2.2)

Similar to the current wording but added “from the source or sources identified in 2.1” to clarify the 35-day time frame.

Reference to prior version: (Part 2.3) CIP-007, R3.2

Change Rationale: (Part 2.3)

The requirement has been changed to handle the situations where it is more of a reliability risk to patch a running system than the vulnerability presents. In all cases, the entity documents (either through the creation of a new or update of an existing mitigation plan) what they are going to do to mitigate the vulnerability and when they are going to do so. The mitigation plan may, and in many cases will, consist of installing the patch. However, there are times when it is in the best interest of reliability to not install a patch, and the entity can document what they have done to mitigate the vulnerability.

Reference to prior version: (Part 2.4) CIP-007, R3.2

Change Rationale: (Part 2.4)

Similar to the current wording but added that the plan must be implemented within the timeframe specified in the plan, or in a revised plan as approved by the CIP Senior Manager or delegate.

Rationale for R3:

Malicious code prevention has the purpose of limiting and detecting the addition of malicious code onto the applicable Cyber Assets of a BES Cyber System. Malicious code (viruses, worms, botnets, targeted code such as Stuxnet, etc.) may compromise the availability or integrity of the BES Cyber System.

Summary of Changes: In prior versions, this requirement has arguably been the single greatest generator of TFEs as it prescribed a particular technology to be used on every CCA regardless of

that asset's susceptibility or capability to use that technology. As the scope of Cyber Assets in scope of these standards expands to more field assets, this issue will grow exponentially. The drafting team is taking the approach of making this requirement a competency based requirement where the entity must document how the malware risk is handled for each BES Cyber System, but it does not prescribe a particular technical method nor does it prescribe that it must be used on every Cyber Asset. The BES Cyber System is the object of protection.

Beginning in Paragraphs 619-622 of FERC Order No. 706, and in particular Paragraph 621, FERC agrees that the standard "does not need to prescribe a single method...However, how a responsible entity does this should be detailed in its cyber security policy so that it can be audited for compliance..."

In Paragraph 622, FERC directs that the requirement be modified to include safeguards against personnel introducing, either maliciously or unintentionally, viruses or malicious software through remote access, electronic media, or other means. The drafting team believes that addressing this issue holistically at the BES Cyber System level and regardless of technology, along with the enhanced change management requirements, meets this directive.

Reference to prior version: (Part 3.1) CIP-007-4, R4; CIP-007-4, R4.1

Change Rationale: (Part 3.1)

See the Summary of Changes. FERC Order No. 706, Paragraph 621, states the standards development process should decide to what degree to protect BES Cyber Systems from personnel introducing malicious software.

Reference to prior version: (Part 3.2) CIP-007-4, R4; CIP-007-4, R4.1

Change Rationale: (Part 3.2)

See the Summary of Changes.

Reference to prior version: (Part 3.3) CIP-007-4, R4; CIP-007-4, R4.2

Change Rationale: (Part 3.3)

Requirement essentially unchanged from previous versions; updated to refer to previous parts of the requirement table.

Rationale for R4:

Rationale for R4: Security event monitoring has the purpose of detecting unauthorized access, reconnaissance and other malicious activity on BES Cyber Systems, and comprises of the activities involved with the collection, processing, alerting and retention of security-related computer logs. These logs can provide both (1) the detection of an incident and (2) useful evidence in the investigation of an incident. The retention of security-related logs is intended to support post-event data analysis.

Audit processing failures are not penalized in this requirement. Instead, the requirement specifies processes which must be in place to monitor for and notify personnel of audit processing failures.

Summary of Changes: Beginning in Paragraph 525 and also Paragraph 628 of the FERC Order No. 706, the Commission directs a manual review of security event logs on a more periodic basis. This requirement combines CIP-005-4, R5 and CIP-007-4, R6 and addresses both directives from a system-wide perspective. The primary feedback received on this requirement from the informal comment period was the vagueness of terms “security event” and “monitor.”

The term “security event” or “events related to cyber security” is problematic because it does not apply consistently across all platforms and applications. To resolve this term, the requirement takes an approach similar to NIST 800-53 and requires the entity to define the security events relevant to the System. There are a few events explicitly listed that if a Cyber Asset or BES Cyber System can log, then it must log.

In addition, this requirement sets up parameters for the monitoring and reviewing of processes. It is rarely feasible or productive to look at every security log on the system. Paragraph 629 of the FERC Order No. 706 acknowledges this reality when directing a manual log review. As a result, this requirement allows the manual review to consist of a sampling or summarization of security events occurring since the last review.

Reference to prior version: (Part 4.1) CIP-005-4, R3; CIP-007-4, R5, R5.1.2, R6.1, and R6.3

Change Rationale: (Part 4.1)

This requirement is derived from NIST 800-53 version 3 AU-2, which requires organizations to determine system events to audit for incident response purposes. The industry expressed confusion in the term “system events related to cyber security” from informal comments received on CIP-011. Access logs from the ESP as required in CIP-005-4 Requirement R3 and user access and activity logs as required in CIP-007-5 Requirement R5 are also included here.

Reference to prior version: (Part 4.2) CIP-005-4, R3.2; CIP-007-4, R6.2

Change Rationale: (Part 4.2)

This requirement is derived from alerting requirements in CIP-005-4, Requirement R3.2 and CIP-007-4, Requirement R6.2 in addition to NIST 800-53 version 3 AU-6. Previous CIP Standards required alerting on unauthorized access attempts and detected Cyber Security Incidents, which can be vast and difficult to determine from day to day. Changes to this requirement allow the entity to determine events that necessitate a response.

Reference to prior version: (Part 4.3) CIP-005-4, R3.2; CIP-007-4, R6.4

Change Rationale: (Part 4.3)

No substantive change.

Reference to prior version: (Part 4.4) CIP-005-4, R3.2; CIP-007-4, R6.5

Change Rationale: (Part 4.4)

Beginning in Paragraph 525 and also 628 of the FERC Order No. 706, the Commission directs a manual review of security event logs on a more periodic basis and suggests a weekly review. The Order acknowledges it is rarely feasible to review all system logs. Indeed, log review is a dynamic process that should improve over time and with additional threat information.

Changes to this requirement allow for an approximately biweekly summary or sampling review of logs.

Rationale for R5:

To help ensure that no authorized individual can gain electronic access to a BES Cyber System until the individual has been authenticated, i.e., until the individual's logon credentials have been validated. Requirement R5 also seeks to reduce the risk that static passwords, where used as authenticators, may be compromised.

Requirement Part 5.1 ensures the BES Cyber System or Cyber Asset authenticates individuals that can modify configuration information. This requirement addresses the configuration of authentication. The authorization of individuals is addressed elsewhere in the CIP Cyber Security Standards. Interactive user access does not include read-only information access in which the configuration of the Cyber Asset cannot change (e.g. front panel displays, web-based reports, etc.). For devices that cannot technically or for operational reasons perform authentication, an entity may demonstrate all interactive user access paths, both remote and local, are configured for authentication. Physical security suffices for local access configuration if the physical security can record who is in the Physical Security Perimeter and at what time.

Requirement Part 5.2 addresses default and other generic account types. Identifying the use of default or generic account types that could introduce vulnerabilities has the benefit ensuring entities understand the possible risk these accounts pose to the BES Cyber System. The Requirement Part avoids prescribing an action to address these accounts because the most effective solution is situation specific, and in some cases, removing or disabling the account could have reliability consequences.

Requirement Part 5.3 addresses identification of individuals with access to shared accounts. This Requirement Part has the objective of mitigating the risk of unauthorized access through shared accounts. This differs from other CIP Cyber Security Standards Requirements to authorize access. An entity can authorize access and still not know who has access to a shared account. Failure to identify individuals with access to shared accounts would make it difficult to revoke access when it is no longer needed. The term "authorized" is used in the requirement to make clear that individuals storing, losing, or inappropriately sharing a password is not a violation of this requirement.

Requirement 5.4 addresses default passwords. Changing default passwords closes an easily exploitable vulnerability in many systems and applications. Pseudo-randomly system generated passwords are not considered default passwords.

For password-based user authentication, using strong passwords and changing them periodically helps mitigate the risk of successful password cracking attacks and the risk of accidental password disclosure to unauthorized individuals. In these requirements, the drafting team considered multiple approaches to ensuring this requirement was both effective and flexible enough to allow Responsible Entities to make good security decisions. One of the approaches considered involved requiring minimum password entropy, but the calculation for

true information entropy is more highly complex and makes several assumptions in the passwords users choose. Users can pick poor passwords well below the calculated minimum entropy.

The drafting team also chose to not require technical feasibility exceptions for devices that cannot meet the length and complexity requirements in password parameters. The objective of this requirement is to apply a measurable password policy to deter password cracking attempts, and replacing devices to achieve a specified password policy does not meet this objective. At the same time, this requirement has been strengthened to require account lockout or alerting for failed login attempts, which in many instances better meets the requirement objective.

The requirement to change passwords exists to address password cracking attempts if an encrypted password were somehow attained and also to refresh passwords which may have been accidentally disclosed over time. The requirement permits the entity to specify the periodicity of change to accomplish this objective. Specifically, the drafting team felt determining the appropriate periodicity based on a number of factors is more effective than specifying the period for every BES Cyber System in the Standard. In general, passwords for user authentication should be changed at least annually. The periodicity may increase in some cases. For example, application passwords that are long and pseudo-randomly generated could have a very long periodicity. Also, passwords used only as a weak form of application authentication, such as accessing the configuration of a relay may only need to be changed as part of regularly scheduled maintenance.

The Cyber Asset should automatically enforce the password policy for individual user accounts. However, for shared accounts in which no mechanism exists to enforce password policies, the Responsible Entity can enforce the password policy procedurally and through internal assessment and audit.

Requirement Part 5.7 assists in preventing online password attacks by limiting the number of guesses an attacker can make. This requirement allows either limiting the number of failed authentication attempts or alerting after a defined number of failed authentication attempts. Entities should take caution in choosing to limit the number of failed authentication attempts for all accounts because this would allow the possibility for a denial of service attack on the BES Cyber System.

Summary of Changes (From R5):

CIP-007-4, Requirement R5.3 requires the use of passwords and specifies a specific policy of six characters or more with a combination of alpha-numeric and special characters. The level of detail in these requirements can restrict more effective security measures. For example, many have interpreted the password for tokens or biometrics must satisfy this policy and in some cases prevents the use of this stronger authentication. Also, longer passwords may preclude the use of strict complexity requirements. The password requirements have been changed to allow the entity to specify the most effective password parameters based on the impact of the BES Cyber System, the way passwords are used, and the significance of passwords in restricting access to the system. The SDT believes these changes strengthen the authentication

mechanism by requiring entities to look at the most effective use of passwords in their environment. Otherwise, prescribing a strict password policy has the potential to limit the effectiveness of security mechanisms and preclude better mechanisms in the future.

Reference to prior version: (Part 5.1) CIP-007-4, R5

Change Rationale: (Part 5.1)

The requirement to enforce authentication for all user access is included here. The requirement to establish, implement, and document controls is included in this introductory requirement. The requirement to have technical and procedural controls was removed because technical controls suffice when procedural documentation is already required. The phrase “that minimize the risk of unauthorized access” was removed and more appropriately captured in the rationale statement.

Reference to prior version: (Part 5.2) CIP-007-4, R5.2 and R5.2.1

Change Rationale: (Part 5.2)

CIP-007-4 requires entities to minimize and manage the scope and acceptable use of account privileges. The requirement to minimize account privileges has been removed because the implementation of such a policy is difficult to measure at best.

Reference to prior version: (Part 5.3) CIP-007-4, R5.2.2

Change Rationale: (Part 5.3)

No significant changes. Added “authorized” access to make clear that individuals storing, losing or inappropriately sharing a password is not a violation of this requirement.

Reference to prior version: (Part 5.4) CIP-007-4, R5.2.1

Change Rationale: (Part 5.4)

The requirement for the “removal, disabling or renaming of such accounts where possible” has been removed and incorporated into guidance for acceptable use of account types. This was removed because those actions are not appropriate on all account types. Added the option of having unique default passwords to permit cases where a system may have generated a default password or a hard-coded uniquely generated default password was manufactured with the BES Cyber System.

Reference to prior version: (Part 5.5) CIP-007-4, R5.3

Change Rationale: (Part 5.5)

CIP-007-4, Requirement R5.3 requires the use of passwords and specifies a specific policy of six characters or more with a combination of alpha-numeric and special characters. The level of detail in these requirements can restrict more effective security measures. The password requirements have been changed to permit the maximum allowed by the device in cases where the password parameters could otherwise not achieve a stricter policy. This change still achieves the requirement objective to minimize the risk of unauthorized disclosure of password

credentials while recognizing password parameters alone do not achieve this. The drafting team felt allowing the Responsible Entity the flexibility of applying the strictest password policy allowed by a device outweighed the need to track a relatively minimally effective control through the TFE process.

Reference to prior version: (Part 5.6) CIP-007-4, R5.3.3

Change Rationale: (Part 5.6)

**This was originally Requirement R5.5.3, but moved to add “external routable connectivity” to medium impact in response to comments. This requirement is limited in scope because the risk to performing an online password attack is lessened by its lack of external routable connectivity. Frequently changing passwords at field assets can entail significant effort with minimal risk reduction.*

Reference to prior version: (Part 5.7) New Requirement

Change Rationale: (Part 5.7)

Minimizing the number of unsuccessful login attempts significantly reduces the risk of live password cracking attempts. This is a more effective control in live password attacks than password parameters.

Version History

Version	Date	Action	Change Tracking
1	1/16/06	R3.2 — Change “Control Center” to “control center.”	3/24/06
2	9/30/09	Modifications to clarify the requirements and to bring the compliance elements into conformance with the latest guidelines for developing compliance elements of standards. Removal of reasonable business judgment. Replaced the RRO with the RE as a responsible entity. Rewording of Effective Date. Changed compliance monitor to Compliance Enforcement Authority.	
3	12/16/09	Updated version number from -2 to -3 Approved by the NERC Board of Trustees.	

Guidelines and Technical Basis

3	3/31/10	Approved by FERC.	
4	12/30/10	Modified to add specific criteria for Critical Asset identification.	Update
4	1/24/11	Approved by the NERC Board of Trustees.	Update
5	11/26/12	Adopted by the NERC Board of Trustees.	Modified to coordinate with other CIP standards and to revise format to use RBS Template.
5	11/22/13	FERC Order issued approving CIP-007-5. (Order becomes effective on 2/3/14.)	