

Reliability Standard Audit Worksheet¹

CIP-003-6 – Cyber Security – Security Management Controls

This section to be completed by the Compliance Enforcement Authority.

Audit ID:	Audit ID if available; or REG-NCRnnnnn-YYYYMMDD
Registered Entity:	Registered name of entity being audited
NCR Number:	NCRnnnn
Compliance Enforcement Authority:	Region or NERC performing audit
Compliance Assessment Date(s) ² :	Month DD, YYYY, to Month DD, YYYY
Compliance Monitoring Method:	[On-site Audit Off-site Audit Spot Check]
Names of Auditors:	Supplied by CEA

Applicability of Requirements

	BA	DP	GO	GOP	IA	LSE	PA	PSE	RC	RP	RSG	то	ТОР	TP	TSP
R1	Х	Х	Х	Х	Х				Х			Х	Х		
R2	Х	Х	Х	Х	Х				Х			Х	Х		
R3	Х	Х	Х	Х	Х				Х			Х	Х		
R4	Х	Х	Х	Х	Х				Х			Х	Х		

Legend:

Text with blue background:	Fixed text – do not edit
Text entry area with Green background:	Entity-supplied information
Text entry area with white background:	Auditor-supplied information

² Compliance Assessment Date(s): The date(s) the actual compliance assessment (on-site audit, off-site spot check, etc.) occurs.

¹ NERC developed this Reliability Standard Audit Worksheet (RSAW) language in order to facilitate NERC's and the Regional Entities' assessment of a registered entity's compliance with this Reliability Standard. The NERC RSAW language is written to specific versions of each NERC Reliability Standard. Entities using this RSAW should choose the version of the RSAW applicable to the Reliability Standard being assessed. While the information included in this RSAW provides some of the methodology that NERC has elected to use to assess compliance with the requirements of the Reliability Standard, this document should not be treated as a substitute for the Reliability Standard or viewed as additional Reliability Standard requirements. In all cases, the Regional Entity should rely on the language contained in this RSAW, to determine compliance with the Reliability Standard. NERC's Reliability Standards can be found on NERC's website. Additionally, NERC Reliability Standards are updated frequently, and this RSAW may not necessarily be updated with the same frequency. Therefore, it is imperative that entities treat this RSAW as a reference document only, and not as a substitute or replacement for the Reliability Standards, by the applicable governmental authority, relevant to its registered entity to verify its compliance with the latest approved version of the Reliability Standards, by the applicable

The NERC RSAW language contained within this document provides a non-exclusive list, for informational purposes only, of examples of the types of evidence a registered entity may produce or may be asked to produce to demonstrate compliance with the Reliability Standard. A registered entity's adherence to the examples contained within this RSAW does not necessarily constitute compliance with the applicable Reliability Standard, and NERC and the Regional Entity using this RSAW reserves the right to request additional evidence from the registered entity that is not included in this RSAW. Additionally, this RSAW includes excerpts from FERC Orders and other regulatory references. The FERC Order cites are provided for ease of reference only, and this document does not necessarily include all applicable Order provisions. In the event of a discrepancy between FERC Orders, and the language included in this document, FERC Orders shall prevail.

<u>Findings</u>

(This section to be completed by the Compliance Enforcement Authority)

Req.	Finding	Summary and Documentation	Functions Monitored
R1			
R2			
P2.1			
P2.2			
P2.3			
P2.4			
P2.5			
P2.6			
R3			
R4			

Req.	Areas of Concern

Req.	Recommendations

Req.	Positive Observations

Subject Matter Experts

Identify the Subject Matter Expert(s) responsible for this Reliability Standard.

Registered Entity Response (Required; Insert additional rows if needed):

SME Name	Title	Organization	Requirement(s)

R1 Supporting Evidence and Documentation

- **R1.** Each Responsible Entity shall review and obtain CIP Senior Manager approval at least once every 15 calendar months for one or more documented cyber security policies that collectively address the following topics: [Violation Risk Factor: Medium] [Time Horizon: Operations Planning]
 - **1.1** For its high impact and medium impact BES Cyber Systems, if any:
 - 1.1.1. Personnel & training (CIP-004);
 - 1.1.2. Electronic Security Perimeters (CIP-005) including Interactive Remote Access;
 - **1.1.3.** Physical security of BES Cyber Systems (CIP-006);
 - 1.1.4. System security management (CIP-007);
 - **1.1.5.** Incident reporting and response planning (CIP-008);
 - **1.1.6.** Recovery plans for BES Cyber Systems (CIP-009);
 - 1.1.7. Configuration change management and vulnerability assessments (CIP-010);
 - **1.1.8.** Information protection (CIP-011); and
 - **1.1.9.** Declaring and responding to CIP Exceptional Circumstances.
 - **1.2** For its assets identified in CIP-002 containing low impact BES Cyber Systems, if any:
 - **1.2.1.** Cyber security awareness;
 - **1.2.2.** Physical security controls;
 - **1.2.3.** Electronic access controls for Low Impact External Routable Connectivity (LERC) and Dial-up Connectivity; and
 - 1.2.4. Cyber Security Incident response
- M1. Examples of evidence may include, but are not limited to, policy documents; revision history, records of review, or workflow evidence from a document management system that indicate review of each cyber security policy at least once every 15 calendar months; and documented approval by the CIP Senior Manager for each cyber security policy.

Registered Entity Response (Required):

Question: Is R1 applicable to this audit? \Box Yes \Box No

If "No," why not?

□ This entity is not responsible for compliance for any high impact or medium impact BES Cyber Systems, or any assets that contain a low impact BES Cyber System.

□ Other: [Provide explanation below]

Registered Entity Response (Required):

Compliance Narrative:

Provide a brief explanation, in your own words, of how you comply with this Requirement. References to supplied evidence, including links to the appropriate page, are recommended.

Registered Entity Evidence (Required):

The following information is requested for each document submitted as evidence. Also, evidence submitted should be highlighted and bookmarked, as appropriate, to identify the exact location where evidence of compliance may be found.

File Name	Document Title	Revision or Version	Document Date	Relevant Page(s) or Section(s)	Description of Applicability of Document

Audit Team Evidence Reviewed (This section to be completed by the Compliance Enforcement Authority):

Compliance Assessment Approach Specific to CIP-003-6, R1

This section to be completed by the Compliance Enforcement Authority

For its high impact and medium impact BES Cyber Systems, if any, verify the entity has documented one or more cyber security policies that collectively address the following topics:

- 1. Personnel and training (CIP-004);
- 2. Electronic Security Perimeters (CIP-005) including Interactive Remote Access;
- 3. Physical security of BES Cyber Systems (CIP-006);
- 4. System security management (CIP-007);
- 5. Incident reporting and response planning (CIP-008);
- 6. Recovery plans for BES Cyber Systems (CIP-009);
- 7. Configuration change management and vulnerability assessments (CIP-010);
- 8. Information protection (CIP-011); and
- 9. Declaring and responding to CIP Exceptional Circumstances.

For its assets identified in CIP-002 containing low impact BES Cyber Systems, if any, verify the entity has documented one or more cyber security policies that collectively address the following topics:

- 1. Cyber security awareness;
- 2. Physical security controls;
- 3. Electronic access controls for Low Impact External Routable Connectivity (LERC) and Dial-up Connectivity; and
- 4. Cyber Security Incident response.

Verify each policy to meet this Requirement has been reviewed at least once every 15 calendar months.

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Verify the CIP Senior Manager has approved each policy to meet this Requirement at least once every 15 calendar months.

Auditor Notes:

R2 Supporting Evidence and Documentation

R2. Each Responsible Entity with at least one asset identified in CIP-002 containing low impact BES Cyber Systems shall implement one or more documented cyber security plan(s) for its low impact BES Cyber Systems that include the sections in Attachment 1. [Violation Risk Factor: Lower] [Time Horizon: Operations Planning]

Note: An inventory, list, or discrete identification of low impact BES Cyber Systems or their BES Cyber Assets is not required. Lists of authorized users are not required.

M2. Evidence shall include each of the documented cyber security plan(s) that collectively include each of the sections in Attachment 1 and additional evidence to demonstrate implementation of the cyber security plan(s). Additional examples of evidence per section are located in Attachment 2.

Registered Entity Response (Required):

Question: Is R2 applicable to this audit? \Box Yes \Box No

If "No," why not?

- □ This entity is not responsible for compliance for any low impact BES Cyber Systems.
- □ Other: [Provide explanation below]

Registered Entity Response (Required):

Compliance Narrative:

Provide a brief explanation, in your own words, of how you comply with this Requirement. References to supplied evidence, including links to the appropriate page, are recommended.

Registered Entity Evidence (Required):

The following information is requested for each document submitted as evidence. Also, evidence submitted should be highlighted and bookmarked, as appropriate, to identify the exact location where evidence of compliance may be found.

File Name	Document Title	Revision or Version	Document Date	Relevant Page(s) or Section(s)	Description of Applicability of Document

Audit Team Evidence Reviewed (This section to be completed by the Compliance Enforcement Authority):

Compliance Assessment Approach Specific to CIP-003-6, R2

This section to be completed by the Compliance Enforcement Authority	
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Verify that the Responsible Entity has documented one or more cyber security plan(s) for its low impact
BES Cyber Systems that include:
1. Cyber security awareness;
2. physical security controls;
3. electronic access controls; and
 4. Cyber Security Incident response
Verify that the Responsible Entity has reinforced cyber security awareness of its cyber security practices
(which may include associated physical security practices) at least once every 15 calendar months.
Verify that the Responsible Entity has implemented physical access controls, based on need as determined
by the Responsible Entity, to control physical access to:
1. The asset or the locations of the low impact BES Cyber Systems within the asset; and
2. the Low Impact BES Cyber System Electronic Access Points (LEAPs), if any.
Does the entity have any Low Impact External Routable Connectivity (LERC)?
• If yes, verify that the Responsible Entity implemented a LEAP to permit only necessary inbound and
outbound bi-directional routable protocol access.
If no, verify that LERC does not exist.
Verify that the Responsible Entity has implemented authentication for all Dial-up Connectivity, if any, that
provides access to low impact BES Cyber Systems, per Cyber Asset capability.
Verify that the Responsible Entity has one or more Cyber Security Incident response plan(s), either by
asset or group of assets, that includes:
1. Identification, classification, and response to Cyber Security Incidents;
2. Determination of whether an identified Cyber Security Incident is a Reportable Cyber Security
Incident and subsequent notification to the Electricity Sector Information Sharing and Analysis
Center (ES-ISAC), unless prohibited by law;
3. Identification of the roles and responsibilities for Cyber Security Incident response by groups or
individuals;
4. Incident handling for Cyber Security Incidents;
5. Testing each Cyber Security Incident Response plan at least once every 36 calendar months by: (1)
responding to an actual Reportable Cyber Security Incident; (2) using a drill or tabletop exercise of
a Reportable Cyber Security Incident; or (3) using an operational exercise of a Reportable Cyber
Security Incident;
6. From 5 above, was an update of any Cyber Security Incident Response plan needed?
If yes, verify that the Responsible Entity has updated the Cyber Security Incident Response
plan(s) within 180 calendar days after completion of a Cyber Security Incident response
plan(s) test or actual Reportable Cyber Security Incident.
If no, verify that an update is not needed.

Auditor Notes:

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R3 Supporting Evidence and Documentation

- **R3.** Each Responsible Entity shall identify a CIP Senior Manager by name and document any change within 30 calendar days of the change. [Violation Risk Factor: Medium] [Time Horizon: Operations Planning]
- **M3.** An example of evidence may include, but is not limited to, a dated and approved document from a high level official designating the name of the individual identified as the CIP Senior Manager.

Registered Entity Response (Required):

Compliance Narrative:

Provide a brief explanation, in your own words, of how you comply with this Requirement. References to supplied evidence, including links to the appropriate page, are recommended.

Registered Entity Evidence (Required):

The following information is requested for each document submitted as evidence. Also, evidence submitted should be highlighted and bookmarked, as appropriate, to identify the exact location where evidence of compliance may be found.

File Name	Document Title	Revision or Version	Document Date	Relevant Page(s) or Section(s)	Description of Applicability of Document

Audit Team Evidence Reviewed (This section to be completed by the Compliance Enforcement Authority):

Compliance Assessment Approach Specific to CIP-003-6, R3

This section to be completed by the Compliance Enforcement Authority

Verify the CIP Senior Manager has been identified by name.

Verify that any changes made to the CIP Senior Manager were dated and documented within 30 calendar days of the change.

Verify the CIP Senior Manager is a single senior management official with overall authority and responsibility for leading and managing implementation of and continuing adherence to the requirements within the NERC CIP Standards.

Auditor Notes:

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R4 Supporting Evidence and Documentation

- **R4.** The Responsible Entity shall implement a documented process to delegate authority, unless no delegations are used. Where allowed by the CIP Standards, the CIP Senior Manager may delegate authority for specific actions to a delegate or delegates. These delegations shall be documented, including the name or title of the delegate, the specific actions delegated, and the date of the delegation; approved by the CIP Senior Manager; and updated within 30 days of any change to the delegation. Delegation changes do not need to be reinstated with a change to the delegator. [Violation Risk Factor: Lower] [Time Horizon: Operations Planning]
- M4. An example of evidence may include, but is not limited to, a dated document, approved by the CIP Senior Manager, listing individuals (by name or title) who are delegated the authority to approve or authorize specifically identified items.

Registered Entity Response (Required):

- Question: Is R4 applicable to this audit?
 Yes No
- If "No," why not?
- □ This entity does not delegate authority.
- □ Other: [Provide explanation below]

Registered Entity Response (Required):

Compliance Narrative:

Provide a brief explanation, in your own words, of how you comply with this Requirement. References to supplied evidence, including links to the appropriate page, are recommended.

Registered Entity Evidence (Required):

The following information is requested for each document submitted as evidence. Also, evidence submitted should be highlighted and bookmarked, as appropriate, to identify the exact location where evidence of compliance may be found.

File Name	Document Title	Revision or Version	Document Date	Relevant Page(s) or Section(s)	Description of Applicability of Document

Audit Team Evidence Reviewed (This section to be completed by the Compliance Enforcement Authority):

Compliance Assessment Approach Specific to CIP-003-6, R4

This section to be completed by the Compliance Enforcement Authority

Verify that the Responsible Entity has documented a process to delegate authority, unless no delegations
are used.
Verify that all delegates have been identified by name or title.
Verify that the delegation of authority includes the specific action delegated.
Verify specific actions delegated by the CIP Senior Manager are allowed by the CIP Standards.
Verify that the dates for all delegations have been recorded.
Verify that the CIP Senior Manager approved all delegations.
Verify that any changes made to delegations were dated and documented within 30 days of the change.

Auditor Notes:

Additional Information:

Reliability Standard

The full text of CIP-003-6 may be found on the NERC Web Site (www.nerc.com) under "Program Areas & Departments", "Reliability Standards."

In addition to the Reliability Standard, there is an applicable Implementation Plan available on the NERC Web Site.

In addition to the Reliability Standard, there is background information available on the NERC Web Site.

Capitalized terms in the Reliability Standard refer to terms in the NERC Glossary, which may be found on the NERC Web Site.

Sampling Methodology

Sampling is essential for auditing compliance with NERC Reliability Standards since it is not always possible or practical to test 100% of either the equipment, documentation, or both, associated with the full suite of enforceable standards. The Sampling Methodology Guidelines and Criteria (see NERC website), or sample guidelines, provided by the Electric Reliability Organization help to establish a minimum sample set for monitoring and enforcement uses in audits of NERC Reliability Standards.

Regulatory Language

See FERC Order 706 See FERC Order 791

Revision History for RSAW

Version	Date	Reviewers	Revision Description
	06/17/2014	Posted for Industry	New Document
DRAFT1v0 06/17/2014		Comment	
DRAFT2v0	09/17/2014	CIP RSAW	Address comments received in response to
		Development Team	DRAFT1v0.
DRAFT3v0	12/10/2014	CIP RSAW	Revise RSAW to address new standard language.
		Development Team	Address comments received in response to
			DRAFT2v0.
DRAFT4v0	02/06/2015	CIP RSAW	Address comments from V5R SDT and address
		Development Team	comments in response to DRAFT3v0.
DRAFT4v1	03/06/2015	CIP RSAW	Address comments from V5R SDT meeting on
		Development Team	March 3-4, 2015.