



DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
2 NAVY ANNEX
WASHINGTON, DC 20380-1775

IN REPLY REFER TO:
5530
ARS

OCT 20 2010

Security Note 07-10

From: Director, Administration and Resource Management Division
To: Security Coordinators

Subj: PROCEDURES FOR REQUESTING PHYSICAL SECURITY SERVICES AT
HEADQUARTERS MARINE CORPS (HQMC).

Encl: (1) Security Services Form

1. The HQMC Physical Security Manager is responsible for all HQMC Physical Security matters within the National Capital Region (NCR).

2. The Physical Security Manager provides the following services:

- a. Physical Security Surveys;
- b. Restricted Area Accreditations;
- c. Security guidance for NCR renovations and new construction;
- d. Alarm System support;
- e. Access Control Requirements;
- f. Key and lock program support;
- g. Protected Distribution Systems support/installation;
- h. Emergency lock support (doors and safes)

3. Effective immediately, all Physical Security Requests, (i.e. request for combination lock changes, card reader installations, safe request, lock installations, Door Buzzer Request, AIPHONE request, Physical Security Surveys, Access Control Installations, etc.) and non-emergency physical security services will be requested utilizing Enclosure (1), and submitted to SMB.HQMC.PhySec@usmc.mil for processing.

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4. The Pentagon Force Protection Agency, Security Services Directorate, Alarm Space Access Request Form will continue to be submitted to SMB.HQMC.USMC@usmc.mil for processing.

5. All requests for services will be evaluated within 24 hours. For emergency services, (i.e. card reader failures, lock-outs, lock failures, access control system failures, etc.) please contact the following personnel in the order listed below:

Mr. Wallace C. Simms III
Duty hours: (703)614-2305/2154
Non-duty: (540)785-3245
Cell Phone: (703)919-2447
Email: WALLACE.SIMMS@USMC.MIL

Mrs. Kinita Musnug
Duty hours: (703)614-4373/693-2696
Non-duty: (703)254-3534
Cell Phone: (703)254-3534
Email: KINITA.MUSNUG@USMC.MIL

6. Upon submission of the Security Services Form, Staff Agencies/Activities will receive confirmation of receipt and an approximate date/time it is anticipated that the services requested will be performed.

7. Questions regarding this Security Note should be directed to the aforementioned personnel above.


R. J. GEBERTH
By direction

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SECURITY SERVICES FORM

DATE REQUESTED: _____

AGENCY/DEPARTMENT REPRESENTATIVE INFORMATION:

NAME: _____ PHONE # _____

OFFICE CODE/ROOM # _____
EXACT LOCATION OF SERVICE REQUESTED _____

TYPE OF SERVICE REQUESTED

COMMUNICATION SECURITY: CRYPTO MATERIAL/KEYING SECURE
 PRODUCT REQ/REPAIR INSTALLATION
 OTHER _____

PHYSICAL SECURITY: LOCKS ALARMS KEY REQUEST
 COMBO CHANGES SAFES DOOR BUZZER OFFICE
CERTIFICATION OTHER _____

PERSONNEL SECURITY: BADGE REQ. ACCESS REQ. SIPR REQ.
 SWIPE ACCESS CAC CARD REQ. COURIER CARD REQ.
 VISITOR REQ SECURITY INVESTIGATION
 MAIL/REC. CLASSIFIED MATERIAL JPAS SUPPORT
 OTHER _____

BRIEF DISCRIPTION OF THE PROBLEM: _____

ASSIGNED TO: _____ DATE COMPLETED: _____

FOLLOW-UP SERVICE DESCRIPTION/NOTES (IF REQUIRED): _____

CUSTOMER SATISFACTION RATING

1 2 3 4 5 6 7 8 9 10

(1 represents the least satisfied with the level of service provided 10 representing completely satisfied)

CUSTOMER COMMENTS: _____

CUSTOMER SIGNATURE: _____ DATE: _____