



Government Information Technology Agency

### NOI Encryption Readiness Checklist

Agency Name: _____	Submission Date: _____
NOI ID: Agency AFIS ID (XXX) + date (mm/dd/yyyy): _____	
Encryption Product Name: _____	
CIO contact Information: Name: _____	
E-mail: _____	Phone: _____

**NO responses to ANY checklist item below require a written attached explanation!**

I, hereby confirm that my agency, board or commission understands and complies with the spirit and intent of [HB 2785, Section 23](#), [Executive Order 2008-10](#) and [ARS 41-3507](#).  Yes  No

In addition, I take responsibility for the following, and confirm that my organization adheres to the [Statewide IT Policies, Standards and Practices](#) when implementing encryption solutions:

1. Have attached a written description of proposed encryption solution(s):  Yes  No

Description should, at a minimum, address the *Why, What, When, Where* and *How* for the solution selected.

Specific issues that require clarification include:

- Estimated start and completion dates for implementation of solution
- Identification of risks, vulnerabilities or threats that selected encryption solution is to mitigate
- Due diligence (Procurement and/or Attorney General's Office) addressing Terms & Conditions, liability and Arizona licensing issues for proposed usage of freeware product/services
- Methodology for installation, maintenance and compliance auditing of encryption process
- Methodology for educating, training and compliance monitoring staff and end users
- Economic impact of the proposed encryption solution, including initial implementation cost and on-going maintenance costs including staff labor, hardware, software, staff/end user training, licensing and professional services associated with the proposed solution
- Encryption products/services must FIPS- 2 or above compliant

2. Proposed encryption solution has been reviewed and approved by agency CIO, Information Security Officer and Privacy Officer:  Yes  No
3. Is a PIJ required for proposed encryption solution(s):  Yes  No



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4. Has a dedicated Project Manager responsible for assessment and implementation of proposed solution been assigned?  **Yes**  **No**
5. Will the services of an IT security consultant be utilized in the evaluation and/or implementation of proposed solution?  **Yes**  **No**
6. Complies with statewide P170 Privacy policy:  **Yes**  **No**
7. Complies with statewide P740 - S741 *Classification and Categorization of Data Standard*:  **Yes**  **No**
8. Complies with statewide S850 *Encryption Standard*:  **Yes**  **No**
9. Have addressed "Key" management roles and responsibilities:  **Yes**  **No**
10. Has agency's "Acceptable Use" policy (statement) been updated to incorporate use of encryption technology and required business practices by agency staff and key 3<sup>rd</sup> parties?  **Yes**  **No**
11. Have all agency computer systems users (e.g., state employees, interns, volunteers, vendors, contactors, et al.) been trained and signed the updated "Acceptable Use" statement?  **Yes**  **No**
12. Indicate below which encryption solution(s) are being proposed for implementation.
- a. Full Disk: File Encryption:
  - b. Back-up Media and Archiving:
  - c. Mass Storage (SANs, NAS Encryption):
  - d. Database Encryption:
  - e. Removable Storage Drives and Devices:
  - f. Secured Transport of Information:
  - g. IT Security Consulting Services:
13. Have minimum personal information encryption requirements as set forth in [HB 2785, Section 23](#), been addressed or protected by the proposed encryption solution? <sup>\*\*</sup>  **Yes**  **No**
14. Manages HIPAA and any personal identifiable information (for citizens, third parties and state employees) as confidential data, classifying and storing in a secured/encrypted environment:  **Yes**  **No**

<sup>\*\*</sup> [HB 2785, Section 23](#) defines personal information as: an individual's first name or first initial and last name in combination with any one of the following: Social Security Number, Drivers License, Identification card number, Account Number, Credit or Debit Card Number, Security Code, Access Code or Password.

**Agency CIO Approval** \_\_\_\_\_  
**Printed Name** **Signature/Date**

**SISPO Approval** \_\_\_\_\_  
**Printed Name** **Signature/Date**

**Jim Ryan**  
State Chief Information Security Officer

**SISPO**



**Mary Beth Joubanc**  
State Chief Privacy Officer

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**Agency CIO Completion of Encryption Solution  
Confirmation to SISPO**

\_\_\_\_\_ **Date Received**