INTRUSION DETECTION SYSTEM (IDS) PERSONAL IDENTIFICATION
NUMBER (PIN) REQUEST FOR A PHARMACY ACCOUNT

The proponent is DES, Security Operations Division, FLW Regulation 190-11

PRIVACY ACT STATEMENT

AUTHORITY:	Title 5, U.S.C Section 3 Privacy 01
PRINCIPLE PURPOSE:	To provide information on individuals authorized access to IDS protected facilities
ROUTINE USE:	Validate security requirement
DISCLOSURE	Voluntary, however authority to process access will be withheld from individuals who do not provide information

This form will be utilized to request an IDS PIN for new account users, to retain and update current users and/or to delete users no longer authorized access to a pharmacy level storage of controlled medical substances. Instructions for each section are provided on the last page of this form. This form must be typed digitally signed, and submitted **annually** to the FLW IPSO.
Complete all the applicable blocks below and email to: **usarmy.leonardwood.usag.mbx.des-ids-workorders@mail.mil**.

SECTION A- UNIT INFORMATION
(Complete all applicable areas)

1. Unit/Organization:		2. Building #(s):	3. IDS Account #:	4. Partitions:	5.Todays Date:
6. Unit/Organization POC (Last Name, First Name, MI)		7. POC Rank/Grade:	8. POC email address:		
9. Unit/Org Duty Phone Numbers (X3 Required) :					

* All personnel with unaccompanied access of controlled medical substances have been screened IAW AR 190-51, 4-6 and AR 190-13, 2-21 and have a DA Form 7708 completed and signed by the authorizing official.	I Acknowledge:

SECTION B- IDS ACCOUNT USERS INFORMATION
(All Information is required for each user)

1. ADD the following personnel to the access list:

Rank/Grade:	Name (Last Name, First Name, MI):	Required Partitions:	Call Order:	Contact Phone Number:

2. RETAIN the following personnel on the access list:

Rank/Grade:	Name (Last Name, First Name, MI):	Required Partitions:	Call Order:	Contact Phone Number:

3. DELETE the following personnel on the access list:

Rank/Grade:	Name (Last Name, First Name, MI):	Required Partitions:	Call Order:	Contact Phone Number:

SECTION C- COMMANDER/DIRECTOR/FACILITY MANAGER'S CERTIFICATION
(Must be the Commander/Director/Facility Manager's Signature)

1. Commander/Director/Facility Manager:

Rank/Grade:	Name (Last Name, First Name, MI):	Phone Number:	Digital Signature:

2. Semi-Annual Review:

I have reviewed this form semi-annually and acknowledge that all information is correct:	Digital Signature:

* If additional space is required, utilize page two.

SECTION D- IDS ACCOUNT USERS INFORMATION (Continued)
(All Information is required for each user)

Utilize this page for additional names that need to be added, retained or deleted from the account:

1. ADD the following personnel to the access list (Cont.):

Rank/Grade:	Name (Last Name, First Name, MI):	Required Partitions:	Call Order:	Contact Phone Number:

2. RETAIN the following personnel on the access list (Cont.):

Rank/Grade:	Name (Last Name, First Name, MI):	Required Partitions:	Call Order:	Contact Phone Number:

3. DELETE the following personnel on the access list (Cont):

Rank/Grade:	Name (Last Name, First Name, MI):	Required Partitions:	Call Order:	Contact Phone Number:

INSTRUCTIONS FOR COMPLETING FLW FORM 3009

SECTION A

1.   **Unit/Organization:** Type the entire unit/organization name
2.   **Building #(s):** Type the building numbers associated with the IDS account.
3.   **IDS Account #:** Type the 4 digit IDS account number assigned to the IDS panel.
4.   **Partitions:** Type the partitions associated with the IDS account. (If Applicable). (ie. A, B, C, D...)
5.   **Today's Date:** Type the date the form is created.
6.   **Unit/Organization POC:** Type the name of the POC responsible for the IDS system in the unit/organization.
7.   **POC RANK/Grade:** Type the Rank (military) or Pay Grade (civilian).
8.   **POC Email Address:** Type the military/work email address of the unit/org POC
9.   **Unit/Org Duty Phone Numbers:** Type three different unit/org phone numbers to contact during normal duty hours.

SECTION B

1.   **ADD** the following personnel to the access list: Type the requested information below of personnel that need to be added to the authorized unaccompanied access list and receive a PIN for the IDS.
•   Rank/Grade: Type rank (military) Pay Grade (civilian)
•   Name: Type Last Name, First Name, MI.
•   Required Partitions: Type all the applicable partitions authorized to access. (For access to all partitions type "ALL").
•   Call order: Type, in numerical order, in which the IDS control station will contact personnel on the access list should the IDS alarm activate or need maintenance after duty hours.
•   Contact Phone Number: Type the phone number (home/cell) that the IDS control station should contact after duty hours.
2.   **RETAIN** the following personnel on the access list: Type the requested information below of personnel that should be retained on the current authorized unaccompanied access list and have received a PIN for the IDS.
•   Rank/Grade: Type rank (military) Pay Grade (civilian)
•   Name: Type Last Name, First Name, MI.
•   Required Partitions: Type all the applicable partitions authorized to access. (For access to all partitions type "ALL").
•   Call order: Type, in numerical order, in which the IDS control station will contact personnel on the access list should the IDS alarm activate or need maintenance after duty hours.
•   Contact Phone Number: Type the phone number (home/cell) that the IDS control station should contact after duty hours.

3.   **DELETE** the following personnel on the access list: Type the requested information below of personnel that should be removed from the current authorized unaccompanied access list and no longer need access to the IDS.

SECTION C

1.   **Commander/Director/Facility Manager:** Type the requested information below of the commander, director or facility
      manager that authorizes the listed individuals to be added, retained or deleted from the account.
•   Rank/Grade: Type the Rank (military) Pay Grade (civilian)
•   Name: Type Last Name, First Name, MI.
•   Phone Number: Type the contact phone number for 24/7 notification.
•   Digital Signature: The commander/director/facility manager digitally signs the form authorizing all those listed personnel to be added, retained or deleted from the access list and verifies that all personnel on the current list and those being added have been screened and cleared allowing unaccompanied access and receive a PIN to the IDS protected pharmacy level storage of controlled medical substances.
2.   **Semi-Annual Review:** The commander/director/facility manager must review this form semi-annually from the initiating date and digitally sign it verifying that all information is still correct even if no information has changed. The completed form will remain with the unit.

SECTION D

1.   Utilize Section D for additional space needed to add personnel on the "Add", "Retain" or "Delete" list that could not be listed in the first page.