

SPAWAR Systems Center Norfolk  
**Personal Protection Plan (PPP)**

|  |                   |   |              |
|--|-------------------|---|--------------|
| <b>SECTION I TRAVEL INFORMATION</b> (Completed by Traveler)  |                   |   |              |
| <b>Type of Travel:</b> (check one)<br><input type="checkbox"/> Government Travel (TAD, TDY, etc.)<br><input type="checkbox"/> Personal Travel (leave)  |                   | <b>Dates of Travel:</b> From: DD MMM YY To: DD MMM YY |              |
| <b>Name:</b><br>Rate First MI Last   |                   | <b>Destination:</b>                                   |              |
| <b>Supervisor:</b>   |                   | <b>DSN Phone:</b>                                     |              |
|  |                   | <b>COMM Phone:</b>                                    |              |
|  |                   | <b>Code:</b>  |              |
| <b>Local Contact Information:</b>  |                   |   |              |
| 1. Provide brief description of air/ground/afloat travel arrangements.   |                   |   |              |
| 2. Provide brief description of billeting including address, phone number, and any known security features.  |                   |   |              |
| 3. Provide brief description of work location including address and any known security features.   |                   |   |              |
| <b>SECTION II EMERGENCY ACTION PLAN</b>  |                   |   |              |
| <p><b>Evacuation:</b> Assistance is available through the local U.S. Embassy and/or U.S. Consulate. Embassy/Consulate addresses and phone numbers are provided on the State Department Travel Advisory web page (<a href="http://travel.state.gov/travel_warnings.html">http://travel.state.gov/travel_warnings.html</a>). A hard copy of the most recent State Department advisory is attached.</p> <p><b>Safe Havens:</b> U.S. Embassy for all threats other than to the embassy. Police stations, hotels and private residences can also provide safe haven if the Embassy is unavailable or unreachable.</p> <p><b>Additional Information:</b> Contact the U. S. Embassy for updated threat information.</p> <p><b>Medical Assistance:</b> Medical assistance can be coordinated through the U.S. Embassy.</p> |                   |   |              |
| <b>SECTION III SECURITY</b> (Completed by Security Office)   |                   |   |              |
| <b>AT/FP Training Completion Date:</b>   |                   | <b>TIP Training Completion Date:</b>                  |              |
| <b>Country Briefing Completion Date:</b>   |                   |   |              |
| <b>Threat Environment:</b>   |                   |   |              |
| <b>Current Criminal Threat Level:</b> <input type="checkbox"/> NEGLIGIBLE <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> CRITICAL   |                   |   |              |
| <b>Current Terrorist Threat Level:</b> <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/> CRITICAL  |                   |   |              |
| <b>Current Force Protection Condition:</b> <input type="checkbox"/> NORMAL <input type="checkbox"/> ALPHA <input type="checkbox"/> BRAVO <input type="checkbox"/> CHARLIE <input type="checkbox"/> DELTA   |                   |   |              |
| State Department Advisory Provided to Traveler: <input type="checkbox"/> YES <input type="checkbox"/> NA   |                   |   |              |
| <b>Approved By:</b>  | <b>Signature:</b> |   | <b>Date:</b> |