

**CONFIDENTIAL**

**Public Utility Security Planning and Readiness Self-Certification Form**

*(Note: Please do not submit actual Physical, Cyber, Emergency Response or Business Continuity Plans)*

**Questions concerning this form should be directed to the Bureau of Technical Utility Services at 717-783-6159.**

Company Name: \_\_\_\_\_ PUC Certificate No: \_\_\_\_\_

Utility / Industry Type: \_\_\_\_\_ Year Ended: \_\_\_\_\_

Item No.	Classification	Response (Yes – No – N/A*)
1	Does your company have a physical security plan?	1.
2	Has your physical security plan been reviewed in the last year and updated as needed?	2.
3	Is your physical security plan tested annually?	3.
4	Does your company have a cyber security plan?	4.
5	Has your cyber security plan been reviewed in the last year and updated as needed?	5.
6	Is your cyber security plan tested annually?	6.
7	Does your company have an emergency response plan?	7.
8	Has your emergency response plan been reviewed in the last year and updated as needed?	8.
9	Is your emergency response plan tested annually?	9.
10	Does your company have a business continuity plan?	10.
11	Does your business continuity plan have a section or annex addressing pandemics?	11.
12	Has your business continuity plan been reviewed in the last year and updated as needed?	12.
13	Is your business continuity plan tested annually?	13.

\* Attach a sheet with a brief explanation if N/A is supplied as a response to a question.

The foregoing certification must be verified by the officer having control of the security planning for the respondent.

I am authorized to complete this form on behalf of \_\_\_\_\_ [name of corporation/partnership/proprietorship] being the \_\_\_\_\_ [position] of this corporation/partnership/proprietorship and verify that the facts set forth above are true and correct to the best of my knowledge, information and belief. This verification is made pursuant to 52 Pa. Code § 1.36 and that statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Name of Officer: \_\_\_\_\_

Signature of Officer: \_\_\_\_\_

Phone Number of Officer: \_\_\_\_\_

Email Address of Officer: \_\_\_\_\_