DICE

DoD Interoperability Communications Exercise

FY11

Participating System Information

PURPOSE AND USE

A Participating System Information (PSI) Form **MUST** be filled out by **ALL** DICE Participants for **each** DICE event.

The information requested will be used for coordination of testing, allocation of test resources, and documentation of testing and test results

A one to two hour **System Readiness Review** (SRR) **MUST** be scheduled with the DICE Team in order to conduct the on-line information gathering session. To schedule an SRR or if you have any questions regarding this document, please send an email to DICEFALS@disa.mil or call 520-533-9304 (DSN 821-) and indicate your desired date and time.

DICE Points of Contacts

Primary DICE POC:	**Alternate POC:**
Captain Charles Gabbard	Rachael Habitzreuther
charles.gabbard@disa.mil	rachael.habitzreuther@disa.mil
DSN: 879-5097 -or- (520) 538-5097	DSN 879-5513 -or- (520) 538-5513
Alternate POC:	**DICE Team POC:**
ENS Christopher Brown	dicefals@disa.mil
christopher.brown@disa.mil	DSN 879-2157 -or- (520) 538-2157
DSN 821-4490 -or- (520) 533-4490	DSN 879-2123 -or- (520) 538-2123

DICE FY11-03 and FY12-01 Dates to Remember

(Please note the dates below are subject to change. To see the most current schedule visit https://www.us.army.mil/suite/page/460163.)

Meetings / Documents Due	Dates	Dates
	FY11-03 Event	FY12-01 Event
~~IPC / JITC AO assigned~~	~~16-18 November 2010~~	16-18 March 2011 (W-F)
FPC	16-18 March 2011 (W-F)	12-14 July 2011 (T-T)
DICE participation request form due	18 March 2011 (F)	15 July 2011 (F)
Initial PSI with system diagram due	25 March 2011 (F)	5 August 2011 (F)
Final PSI due	1 April 2011 (F)	12 August 2011 (F)
SRR meetings (PSI Review)	4-8 April 2011 (M-F)	15-19 August 2011 (M-F)
Remedy service requests due	8 April 2011 (F)	26 August 2011 (F)
DICE network planning & collaboration meetings	11-13 April 2011 (M-W)	29-31 August 2011 (M-W)
IA DIACAP documentation due	15 April 2011 (F)	2 September 2011 (F)
System network diagrams, objectives, & schedule due	15 April 2011 (F)	9 September 2011 (F)
TRR meeting	20 April 2011 (W)	14 September 2011 (W)
Remedy test circuit requests due	18 April – 2 May 2011 (M-F)	12-30 September 2011 (M-F)
Initial TECHCON meeting	4 May 2011 (W)	28 September 2011 (W)
ICTO due	6 May 2011 (F)	30 September (F)
IA scans due	6 May 2011 (F)	30 September (F)
Final TECHCON meeting	18 May 2011 (W)	12 October 2011 (W)
Initial IA and ATC status meeting	18 May 2011 (W)	12 October 2011 (W)
Network set-up & baseline / IA verification	30 May – 3 June 2011 (M-F)	24-28 October 2011 (M-F)
Final IA and ATC status meeting	1 June 2011 (W)	26 October 2011 (W)
Exercise Start Date	6 June 2011 (M)	31 October 2011 (M)
Exercise End Date	24 June 2011 (F)	18 November 2011 (F)

LEGEND:

AO	Action Officer	IA	Information Assurance	SRR	System Readiness Review
ATC	Authority to Connect	ICTO	Interim Certification to Operate	T	Tuesday or Thursday
DICE	DoD Interoperability Communications Exercise	IPC	Initial Planning Conference	TECHCON	Technical Control
DoD	Department of Defense	JITC	Joint Interoperability Test Command	TRR	Technical Readiness Review
F	Friday	M	Monday	W	Wednesday
FPC	Final Planning Conference	PSI	Participant System Information		

Participating System Information

Program Information							
System Name							
System Short Name			Increment		Version		
Service / Unit or Organization							
System Representative			Email		Phone		
JITC Action Officer			Email		Phone		
JITC Test Lead			Email		Phone		
Desired Test Dates			Alternate Test Dates				
Test Location(s)							
Participation Information							
Type of Participation/Evaluation							
IOP Certification		IOP Assessment for Certification			Support		
IOP Assessment		R&D Assessment			Training		
Information Assurance							
DIACAP		Accreditation Memo?			Date Granted		
ATO / IATO / IATT		Date Granted			Date Expires		
Interoperability Certification							
IOP Certification		Date Granted		Date Expires			
ICTO		Date Granted		Date Expires			
Certification Requirements Document Name							
CRD Version/Date		Submitted to JS Date			JS Approved Date		
Operational Architecture – Interoperability & Connectivity Requirements							
Connectivity into GIG							
Teleport		STEP		DISN-TE		Other:	
DoD Networks / DISN Services							
DSN		DRSN		DVS-G		NIPRNET	
SIPRNET		JWICS		CENTRIX		GBS	
Commercial		Other					
Services & Agencies							
AFFOR		ARFOR		NAVFOR		MARFOR	
NGA		OGA		Coalition		Other	
Remarks:							

System Points of Contact (POC)			
1. Satellite Terminal/Ops POC			
DSN PH:		**COM PH:**	
NIPRNet Email:		**SIPRNet Email:**	
2. Information Assurance POC			
DSN PH:		**COM PH:**	
NIPRNet Email:		**SIPRNet Email:**	
3. Designated Approval Authority			
DSN PH:		**COM PH:**	
NIPRNet Email:		**SIPRNet Email:**	
4. Voice Switch POC			
DSN PH:		**COM PH:**	
NIPRNet Email:		**SIPRNet Email:**	
5. Data Network POC			
DSN PH:		**COM PH:**	
NIPRNet Email:		**SIPRNet Email:**	
6. Video Teleconference POC			
DSN PH:		**COM PH:**	
NIPRNet Email:		**SIPRNet Email:**	
7. Single Channel Radio POC			
DSN PH:		**COM PH:**	
NIPRNet Email:		**SIPRNet Email:**	
8. Promina/ATM Network POC			
DSN PH:		**COM PH:**	
NIPRNet Email		**SIPRNet Email**	
9. COMSEC POC			
DSN PH:		**COM PH:**	
NIPRNet Email		**SIPRNet Email**	
Remarks:			

Participating System Configuration Diagram

SYSTEM DIAGRAM

(Diagram can be inserted, pasted, and/or embedded)

Satellite Terminal		
Terminal Information:	**Terminal 1**	**Terminal 2**
Terminal Identifier (JITC Planner Will Provide)		
1. Terminal Type (Enter model number)		
2. Certification No./FCC License (Enter Intelsat Cert Number or equivalent)		
3. Geographical Location (Enter location as City, State)		
4a. Latitude & Longitude of Location (N/S, E/W)		
4b. Terminal Look Angle Restrictions (Yes/No)	☐ Yes ☐ No	☐ Yes ☐ No
5. Antenna Diameter (Enter size of the antenna in meters)		
6. Antenna Manufacturer		
7. Antenna Model Number		
8. Currently Supporting Existing Mission (If yes, provide mission number)	☐ Yes / # ☐ No	☐ Yes / # ☐ No
a. Indicate Satellite for Existing TX or RX Requirements:		
b. TX Carrier(s) Polarization (H,V,LHCP,RHCP,N/A)		
c. RX Carrier(s) Polarization (H,V,LHCP,RHCP,N/A)		
9. Antenna Polarization Capability (Linear or Circular)		
a. Feed Assembly (e.g., RO, 2-port, 4-port)		
b. Feed Assembly Options (Co-Polarized, Cross-Polarized)		
10. Antenna Platform (Fixed, Mobile, Transportable)		
11. Earth Terminal Frequency Band (X, Ka, Ku, or C)		
12. Earth Terminal TX Frequency Range (GHz)		
13. Earth Terminal RX Frequency Range (GHz)		
14. Upconverter Tuning Resolution (KHz)		
15. Upconverter Bandwidth (MHz)		
16. Downconverter Tuning Resolution (KHz)		
17. Downconverter Bandwidth (MHz)		
18. Existing Automatic Power Control	☐ Yes ☐ No	☐ Yes ☐ No
- Existing Automatic Power Control (dB)		
19. Auto Tracking	☐ Yes ☐ No	☐ Yes ☐ No
20. Nominal G/T (dBi/K)		
21. Saturated EIRP (dBW)		
22. Linear EIRP (dBW)		
Enter below any other special limitations/requirements/characteristics? (e.g., terminal look angle restrictions, overlapping existing requirement(s) / service dates, etc...)		

Satellite Modem		
Modem Specifications:	**Terminal 1**	**Terminal 2**
Terminal Identifier (JITC Planner Will Provide)		
1. Modem Manufacturer		
2. Modem Model Number		
3. Possible Modulation schemes:	N/A	N/A
a. BPSK	☐ Yes ☐ No	☐ Yes ☐ No
b. QPSK, OQPSK	☐ Yes ☐ No	☐ Yes ☐ No
c. 8-PSK	☐ Yes ☐ No	☐ Yes ☐ No
d. 16QAM	☐ Yes ☐ No	☐ Yes ☐ No
e. Other (explain below)	☐ Yes ☐ No	☐ Yes ☐ No
4. Maximum Modem Data Rate (Mbps)		
5. Modem Tuning Resolution (I.e., Steps)		
6. Modem Tuning Bandwidth (MHz)		
7. Reed-Solomon Enabled	☐ Yes ☐ No	☐ Yes ☐ No
8. Turbo Code Enabled	☐ Yes ☐ No	☐ Yes ☐ No
9. Bit Error Rate (BER) (default = 1E-6)		
10. Manufacturer Eb/No Values for: **Add Eb/No in Db**	N/A	N/A
XX. Example: FEC = 1/2 w / R.S. (BPSK, QPSK, OQPSK)*	**6Db**	**6Db**
a. FEC = 1/2 (BPSK, QPSK,_____,_____)		
b. FEC = 3/4 (BPSK, QPSK,_____,_____)		
c. FEC = 7/8 (BPSK, QPSK,_____,_____)		
d. FEC = _.793__ (BPSK, QPSK,_____,_____) (Turbo)		
e. FEC = _.495__ (BPSK, QPSK,_____,_____) (Turbo)		
f. FEC = 1/2 w / R.S. (BPSK, QPSK,_____,_____)		
g. FEC = 3/4 w / R.S. (BPSK, QPSK,_____,_____)		
h. FEC = 7/8 w / R.S. (BPSK, QPSK,_____,_____)		
i. FEC = ____ w / R.S. (_____,_____,_____,_____)		
Provide other special limitations/characteristics/ requirements below or other FEC rates:		

Satellite IP Modem / Terminal		
Modem Specifications:	**Terminal 1**	**Terminal 2**
Terminal Identifier (JITC Planner Will Provide)		
1. Geographic Location (Lat/Long)		
2. Modem Type		
a. Model		
b. Serial Number		
c. Software Version		
d. Mobile		
3. IP Address Assignments		
a. LAN IP (Provided by JITC)		
b. Management IP (Provided by JITC)		
4. BUC Components		
a. Manufacturer		
***b. Part Number**		
c. Model		
***d. Local Oscillator**		
***e. DC Power Required?**	☐ Yes ☐ No	☐ Yes ☐ No
***f. 10 MHz Reference Required?**	☐ Yes ☐ No	☐ Yes ☐ No
***g. Spectral Inversion Required?**	☐ Yes ☐ No	☐ Yes ☐ No
5. LNB Components		
a. Manufacturer		
***b. Part Number**		
c. Model		
***d. Local Oscillator**		
***e. DC Power Required?**	☐ Yes ☐ No	☐ Yes ☐ No
***f. 10 MHz Reference Required?**	☐ Yes ☐ No	☐ Yes ☐ No
***g. Spectral Inversion Required?**	☐ Yes ☐ No	☐ Yes ☐ No
***h. LNB Stability +/-**		
6. Antenna Reflector		
a. Manufacturer		
***b. Part Number**		
c. Size		
d. Reflector Mount Part Number		
e. Offset Angle		
f. Type (Ku-band, C-band)		
7. IFL Cable		
a. Manufacturer		
b. Type		
***c. Part Number**		
*** Denotes critical and required NMS configuration parameters used in system calculations.**		

COMSEC	
1. COMSEC Custodian:	5. EKMS Capable?
2. Phone:	6. PPK/Firefly?
3. NIPRNET Email:	7. COMSEC Account Number:
4. SIPRNET Email:	
COMSEC Equipment to be Used	
Type of Device	Type Key Required
NOTE: Refer to the DICE COMSEC Callout to see which COMSEC fills are usually requested for DICE. It is posted on SIPRNET at http://199.208.204.125. List any COMSEC short titles that are required, but not listed in the COMSEC callout.	
Remarks:	

Radio Equipment & Frequency Request						
1. Application Title						
2. System Nomenclature						
3. Geographical Area of use	3a. Latitude		3b. Longitude			
4. Frequency Requirements						
5. Emission Designator(s)						
6. J/F 12 Number						
7. Tuning Range	7a. Receive		7b. Transmit		7c. Guard	
Antenna Equipment Characteristics						
8. Nomenclature, Manufacturer's Model Number						
9. Manufacturer's Name						
10. Frequency Type						
11. Type						
12. Polarization						
13. Gain						
14. Beamwidth						
Remarks:						

IA Assessment Documentation and Pre-Test Requirements

1. Organization Sponsoring System		2. Test Type	
3. Accreditation Type (IATT, IATO, ATO)?		4. Accreditation Memorandum Provided	
5. Issue Date		6. Expiration Date	
7. Designated Accrediting Authority?	☐ Certified ☐ Not Certified	If not certified – IA I&A Assessor's Checklist complete	
8. System Information Assurance Manager			
Accreditation Packages			
9. DIACAP			
System Identification Profile (SIP) Complete?		DIACAP Scorecard Complete?	
DIACAP Implementation Plan Complete?		POA&M Complete?	
System Information			
10. Network Diagram Complete?		11. System Description Complete?	
12. Documents Complete?	IA Memo ☐ ISP/TISP ☐ CDD/CPD ☐ OV-5 ☐ SV-4 ☐ SV-5 ☐ SV-6 ☐		
13. MAC Level		14. Confidentiality Level (CL)	
Pre-Exercise Scans			
15. Retina®			
Do you have the Retina® scanning tool?		Version?	
Can you provide Retina® scans reports?			
16. Gold Disk/SRRs			
Do you have the Gold Disk/SRRs?		Date?	
Can you provide the Gold Disk/SRR reports?			
17. WILL YOUR DAA ACCEPT THE RISK OF CAT III FINDINGS?			
Security			
18. Have you received the System Security/IA Compliance Memo?			
Approval and Agreement signed and returned?			
Other			
19. Provide other special limitations/characteristics/requirements:			
Remarks:			

IA Completion Instructions:

IA instructions for
PSI IA form_Jan11.d

(double click above)

IA Compliance Memo:

JITC IA Compliance
Memo_Jan11.pdf

(double click file above)

Voice Switching/Circuit Systems	
Voice Switch Information *(repeat as needed for each voice switch to be utilized)*	
1. Switch Name / Nomenclature:	**2. Software/Firmware Version:**
3. Dialing Plan assigned: ___ Yes ___ No	**4. Area Code & Office Code/Switch ID:**
Requested Interface(s) *Direct* Connectivity *(repeat as needed for each interface)*	
5. Switch Name / Nomenclature:	
6. Connectivity Transmission Media: ___ Cable ___ SATCOM ___ Other	**7. Mux:** ___ Yes ___ No
8. Link Type: ___ T1 ___ E1 ___ IP ___ Other *(must specify in Notes area)*	**9. Number of channels/DS0s:**
10. # of Digits In and Out: ___ 7 ___ 10 ___ 13 *(JITC DICE Voice Network requires 10-digit dialing unless testing a specific requirement)*	
11. Trunk Type: ___ CAS ___ PRI ___ SS7 ___ CCS ___ H.323	**12. Line Coding:** ___ B7 (AMI) ___ B8ZS ___ HDB3
13. Framing: ___ SF ___ ESF	**14. Group:** ___ DSN ___ PSTN/private network
15. CAS Digit Type: ___ MF ___ DTMF ___ DP	**16. PRI Network Protocol:** ___ NI1 ___ NI2 ___ 5ESS
Interface(s) Indirect Connectivity *(repeat as needed for each interface)*	
17. Switch Name / Nomenclature:	
17a. Link Type: ___ T1 ___ E1 ___ IP ___ Other *(must specify in Notes area)*	
17b. Trunk Type: ___ CAS ___ PRI ___ SS7 ___ CCS ___ H.323 ___ irrelevant	
Other Interface(s) Connectivity *(must specify requirements and details in remarks area)*	
18. VoIP Trunk: ___ IP Trunk ___ Shout Trunk ___ Media Gateway	
18a. Shout IP and Node IP:	
19. Long Locals: Type: Number: *(include MAC addresses for IP long locals in remarks area)*	
20. DRSN: ___ 56Kbps circuits ___ VoSIP *(must specify in remarks area)*	
Subscriber/Instruments Information	
21. POTS: __ Version: Quantity:	**24. STE: __ Version: Quantity:**
22. VoIP: __ Version: Quantity:	**25. Other: __ Version: Quantity:**
23. SVoIP: __ Version: Quantity:	
Remarks:	

Data / IP Systems

Requested Networks and Support

1. Network Type: ___ IPv4 ___ IPv6 **----**

2. NIPRNet: ___ Yes ___ No **----** ___ Live or ___ Closed	**3. SIPRNet:** ___ Yes ___ No **----** ___ Live or ___ Closed
4. Unclassified Encrypted (UE): ___ Yes ___ No	**5. OTHER Network:**_____ **----** ___ Live or ___ Closed

Data System Information *(Repeat as needed for each network requested – NIPR, SIPR, and UE)*

6. Crypto Type:	**6a. Classification**:	**6b. HAIPE**: ___ Yes ___ No	**6c. Plaintext IP**:	**6d. Ciphertext IP**:

7. Connectivity Transmission Media: ___ Cable ___ SATCOM ___ Other

7a. Cable: ___ Serial ___ Ethernet	**7b. SATCOM**: ___ TDMA ___ FDMA ___-Band ___ Linkway ___ iDirect	**7c. Mux:** ___ Yes ___ No

8. Services to be Tested: ___ email ___ webmail ___ SMTP ___ SFTP ___ HTTP ___Other:

9. List all system server types, models, OS, and IP addresses *(i.e. email, web, etc.)*

10. List all Workstations model, OS, and IP addresses/range

11. Test email account:	**12. Website name:**	**13. FTP site name:**

14. Router type, model, and IP address:	**15. Edge Router:** ___ Yes ___ No
16. Autonomous System Number (ASN):	**17. Domain Name:**
18. Switch type, model, and IP address:	**19. IP Accelerator:** ___ Yes ___ No **Type:**
20. Firewall: ___ Yes ___ No **Type:**	**21. Routing protocol:**

22. IP Address Support: ___ Yes ___ No	**23. DNS Support:** ___ Yes ___ No	**24. Email Support:** ___ Yes ___ No

NOTE: A Data Network Diagram with all equipment and assigned IP addresses is required.

Remarks:

Video Teleconferencing Systems

Terminal Information			
1. Make		9. MCU (Yes/No)	
2. Model		9a. Make	
3. Software Version		9b. Model	
4. Crypto Device		9c. Software Version	
5. H.320 (Yes/No)		9d. Crypto Device	
6. H.323 (Yes/No)			
7. Data rate			
8. Direct Connect (Yes/No)		10. DVSG (Yes/No)	
Remarks:			

Promina

Example Promina Cut Sheet

Site ID:	JITC	Domain:	D13	Node ID:	N69	Promina:	800	Software Release:	3.95.02

LOCAL SITE PROMINA INFORMATION								DISTANT END PROMINA INFORMATION							
Data Rate	From Site	O A	Card #	Port #	Front Card	Rear Card	To Site	O A	Domain #	Node #	Card #	Port #	Front Card	Rear Card	Note
1024K	JITC		C44		SATRK	SACD530	EPG		D10	N22	C44		SATRK	SACD530	SATRK TO EPG
512K	JITC	O	C10	P0	HSD-2B	530 DCE	EPG	A	D10	N22	C26	P0	HSD-2B	530 DCE	NIPR TO EPG

Terminal Information

Site ID:		Domain:		Node ID:		Promina:		Software Release:	

LOCAL SITE PROMINA INFORMATION								*DISTANT END PROMINA INFORMATION*							
Data Rate	From Site	O A	Card #	Port #	Front Card	Rear Card	To Site	O A	Domain #	Node #	Card #	Port #	Front Card	Rear Card	Note

NOTE: Fill in the following table for each PROMINA node in the system. If your Node has multiple SATRKs, place all circuits riding that SATRK directly beneath.

Support

Will the SUT be deployed to a JITC Node: ___ Yes ___ No	**____ Ft. Huachuca, AZ**	**____ Indian Head, MD**

Date of Equipment / System Arrival:	**Will Equipment / System arrive with representatives? ___ Yes ___ No**

Power Requirements:	**# of Outlets:**	**___ VDC ___ ADC**	**Amps:**	**Phase:**

(please send picture of power cables and connectors)

Space Requirements (SqFt):	**Ceiling Height Clearance Required:**	**# Phone Lines:**

Heating: ___ Yes ___ No	**Cooling: ___ Yes ___ No**	

Please list any other requirements such as: Desks, chairs, electrical cabinets, UPS, extension cords, power strips, cinder blocks, shoring (lumber), sand bags, grounding rods, ground wire, Pairgains, Canoga-Perkins, test equipment, tents, tarps, etc.

Shipping Information

Fort Huachuca	**Indian Head**
Official Mail: Joint Interoperability Test Command Attn: (DICE FYXX-XX, JITC Action Officer Name) P.O. Box 12798 Fort Huachuca, AZ 85613-2798	**Official Mail:** JITC Indian Head (JITC) Attn: (DICE FYXX-XX, JITC Action Officer Name) 101 Strauss Avenue, Building 1777 Indian Head, MD 20640-5035
Shipping Address: Joint Interoperability Test Command Attn: (DICE FYXX-XX, JITC Action Officer Name) 2001 Brainard Road, Building 57305 Fort Huachuca, AZ 85613-5070	**Shipping Address:** JITC Indian Head (JITC) Attn: (DICE FYXX-XX, JITC Action Officer Name) 101 Strauss Avenue, Building 1777 Indian Head, MD 20640-5035

Additional Information

Please use this area for any notes, remarks, or special requests.