DURA – Framework

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1. Purpose and Boundaries

The DURA Framework establishes the readiness levels, requirements, classifications, level gates, evidence expectations, external prerequisites, and sustainment requirements for Facilities that may support Dual-Use Research. Within DURA, this Framework defines the readiness requirements. The DURA Methodology governs interpretation and assessment, and the Profile Instruments in Appendices A-C record applicability and project compatibility. DURA is a self-guided assessment that may be applied using institutional processes. DURA is not an accreditation, certification, or compliance-verification program.

A DURA level is valid only for the referenced Facility Capability Profile and declared scope. It does not establish universal defence readiness, legal compliance, external authorization, or eligibility for another program.

DURA does not determine whether research is formally classified as dual-use or sensitive under a law, regulation, funding program, contract, or external-authority process.

Participation in DURA and in any proposed Dual-Use Research collaboration is voluntary, subject to applicable law, institutional authority, contractual commitments, funding conditions, and required approvals. A DURA level or Project Compatibility Determination does not require an institution, Facility, researcher, student, employee, or other participant to accept or continue a project.

DURA does not create or override rights or obligations concerning academic freedom, research ethics, employment, collective agreements, institutional policy, professional duties, or individual participation. Those matters remain governed by applicable law, policy, agreement, and institutional authority.

2. Profile and Compatibility First

Before claiming a DURA level, a Facility completes and maintains a Facility Capability Profile. It records the standing organizational capabilities, institutional dependencies, constraints, and declared scope the Facility can support across the Five Capability Pillars.

For each proposed collaboration, the Facility and relevant project participants complete a Project Scope & Obligations Profile. It records the project's activities, partners, funding, information, assets, and outputs; applicable legal, regulatory, funding, institutional, and contractual requirements; and the allocation of direct, flowed-down, and shared obligations.

The Project Compatibility Determination compares the project's requirements with the current Facility Capability Profile and records one of three outcomes: Compatible, Compatible with Conditions, or Not Currently Compatible. Any conditions, gaps, required approvals, additional controls, responsibility allocations, and evidence requirements must be documented before the affected work begins.

Both profiles and the compatibility determination are living, version-controlled records. A material change

to Facility capabilities or project scope and obligations requires the affected requirements and compatibility determination to be reassessed. These records determine which Conditional Requirements apply and support documented not-applicable rationales where appropriate. A DURA level claim must identify the applicable Facility Capability Profile ID and version.

3. Information Visibility and Disclosure

DURA profiles, compatibility determinations, evidence, conditions, gaps, remediation records, personnel information, authorization status, and detailed Facility capability information are controlled institutional records. They must be accessed and disclosed only by authorized persons for an approved purpose and in accordance with applicable legal, contractual, security, privacy, intellectual-property, research-ethics, Indigenous data-governance, and institutional requirements.

A DURA level or compatibility outcome does not make the underlying records public. Any external or public summary must be approved by the responsible institution, limited to the minimum information necessary for its purpose, and must not disclose sensitive capabilities, vulnerabilities, personnel information, project details, control gaps, or protected authorization information.

4. Evidence Review Model

Evidence supporting a DURA claim must be reviewed internally under the coordination of the RCSL or designated Facility lead for presence, completeness, recency, and internal consistency, with responsible evidence owners and institutional or Facility functions participating as appropriate. Each evidence artifact must also have an identified evidence owner and be traceable to the applicable requirement, Profile version, and declared scope.

This review does not constitute an audit, certification, or compliance determination. DURA levels are self-assessed by Facilities. DURA does not provide external review or approval of Facility selections or evidence as part of the self-assessment. Any external program or standard cited remains under the authority of its administering body.

5. External Prerequisites

Where a requirement depends on a clearance, registration, permit, licence, certification, facility accreditation, authorization, or program eligibility granted by an external authority, DURA focuses on identifying the prerequisite and the evidence of its status; it does not grant, approve, or determine the prerequisite.

6. Requirement Structure and Level-Gate Rules

6.1 Requirement Classifications

- Mandatory Requirement: must be satisfied by every Facility claiming or retaining the stated level.
- Conditional Requirement: becomes mandatory when its stated applicability indicator is met. Where it does not apply, the Facility records a not-applicable rationale where required.
- Optional Practice: may strengthen implementation or provide additional evidence of readiness but is not required to claim or retain a DURA level.
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6.2 Pillars and Stable Prefixes

- Governance & Accountability: GOV
- Partnerships & Obligations: PAR
- People & Access: PPL
- Environments & Assets: ENV
- Information, IP & Outputs: IIO

6.3 Cumulative and Pillar-Level Gates

To claim or retain Level N, the Facility must satisfy all Mandatory Requirements and applicable Conditional Requirements for Levels 2 through N, except where a later requirement explicitly supersedes an earlier one. This condition must be satisfied within each of the DURA pillars.

The overall DURA level is the highest level fully satisfied by all five pillars, without averaging or weighting. If no requirements are assigned to a pillar at Level N, the pillar is considered satisfied at Level N provided all applicable requirements assigned to that pillar at lower levels remain satisfied. Optional Practices do not affect the level.

6.4 Sustainment and Reassessment

A Facility may retain a DURA level only while all applicable requirements remain satisfied and the supporting evidence remains current.

Facilities at Levels 5 and 6 must complete a DURA reassessment at least annually. At any level, a material change to a Facility capability, key role holder, project participant, project obligation, partner, information classification, authorization, external prerequisite, or operating environment requires prompt reassessment of the affected profiles, requirements, and Project Compatibility Determination.

Where evidence or an external prerequisite expires, is suspended, or is no longer valid, the Facility must assess the effect on its level and affected projects. The Facility must document and track any remediation, revise applicable project conditions, or temporarily lower its self-assessed level where the requirements for the current level are no longer satisfied.

7. Source Note

Source IDs refer to the controlled DURA Bibliography, which is the canonical source for:

- Full citations
- Issuing authorities
- URLs
- Source classifications
- Currency status

Normative requirements should cite authoritative sources. Interpretive or illustrative sources must be identified as such and must not replace an available authoritative source.

8. DURA Framework Levels

8.1 Level 0: Opted out

Level	Status	Objective
0	**Opted-out**	Explicit decision to exclude DUR from the Facility's mandate.

No DURA assessment is conducted at this level.

8.2 Level 1: Neutral

Level	Status	Objective
1	**Neutral**	No current interest or formal consideration of DUR.

No DURA assessment is conducted at this level.

8.3 Level 2: Interested

Level	Status	Objective
2	**Interested**	Identification of dual-use potential in existing research.

ID / Pillar / Classification	Requirement	Applicability and responsibility	Evidence and external prerequisite	Source ID(s)
GOV-2.01 GOV Mandatory Requirement	**Formal recognition** Formally recognize the value of dual-use readiness for the Facility's mandate.	**Applicability:** All Level 2 claims **Responsible entity:** Facility leadership **Control owner:** Initiative lead **Reporting path:** Facility leadership	**Evidence owner:** Initiative lead **Evidence:** Approved statement, meeting record, or equivalent decision record **External prerequisite:** None	G7-SOR-2024 U15-SR-2023
GOV-2.02 GOV Mandatory Requirement	**Readiness initiative lead** Appoint a leader for the dual-use readiness initiative. The appointment may be interim at Level 2.	**Applicability:** All Level 2 claims **Responsible entity:** Facility **Control owner:** Facility leadership **Reporting path:** Facility leadership	**Evidence owner:** Facility **Evidence:** Appointment record and role description **External prerequisite:** None	INT-DURA-METH-2026

ID / Pillar / Classification	Requirement	Applicability and responsibility	Evidence and external prerequisite	Source ID(s)
GOV-2.03 GOV Mandatory Requirement	**Preliminary risk and obligation note** Prepare a brief, one-page note identifying likely risk areas; anticipated direct, flowed-down, and shared obligations; responsible entities and institutional dependencies; external prerequisites; confirmed or unresolved IP ownership; and potential data, IP, and intangible-asset exposure points across the research and collaboration lifecycle.	Applicability: All Level 2 claims Responsible entity: Facility Control owner: Initiative lead Reporting path: Facility leadership and relevant institutional functions	Evidence owner: Initiative lead Evidence: Current one-page risk and obligation note External prerequisite: Any identified prerequisite is recorded for follow-up	CAN-NSGRP-OFFICIAL INT-DURA-METH-2026
PAR-2.01 PAR Mandatory Requirement	**Preliminary profile records** Complete and maintain a Facility Capability Profile. For current or planned work used to inform the readiness claim, prepare a preliminary Project Scope & Obligations Profile sufficient to identify applicable research-security, export-control, controlled-goods, data, partner, and contractual requirements.	Applicability: All Level 2 claims Responsible entity: Facility and relevant project participants Control owner: RCSL or initiative lead Reporting path: Facility leadership and institutional functions as indicated	Evidence owner: RCSL or initiative lead Evidence: Profile IDs, versions, and controlled record references External prerequisite: None at this stage	INT-DURA-FCP-2026 INT-DURA-PSOP-2026 INT-DURA-METH-2026
GOV-2.04 GOV Mandatory Requirement	**Initial DURA self-assessment** Complete and record an initial DURA self-assessment using a controlled institutional process, and maintain a dated completion plan where the assessment is not yet complete.	Applicability: All Level 2 claims Responsible entity: Facility Control owner: Initiative lead Reporting path: Facility leadership	Evidence owner: Facility Evidence: Dated self-assessment record or dated completion plan External prerequisite: None	INT-DURA-METH-2026
GOV-2.05 GOV Optional Practice	**Secure and open research awareness** Review the G7 Best Practices for Secure and Open Research.	Applicability: Optional Responsible entity: Facility Control owner: Initiative lead Reporting path: Not required	Evidence owner: Facility Evidence: Review note or awareness record External prerequisite: None	G7-SOR-2024 CAN-SYR-PORTAL-OFFICIAL CAN-ETTC-OFFICIAL

ID / Pillar / Classification	Requirement	Applicability and responsibility	Evidence and external prerequisite	Source ID(s)
PPL-2.01 PPL Optional Practice	**Awareness communication** Provide an awareness communication to relevant personnel explaining who may be affected and why.	Applicability: Optional Responsible entity: Facility Control owner: Initiative lead Reporting path: Relevant personnel	Evidence owner: Facility Evidence: Communication record External prerequisite: None	G7-SOR-2024 U15-SR-2023 CAN-SYR-PORTAL-OFFICIAL CAN-RSC-OFFICIAL
PAR-2.02 PAR Conditional Requirement	**Ontario research-funding security readiness** When funding through a covered Ministry of Colleges, Universities, Research Excellence and Security (MCURES) program is anticipated or active, the HEI identifies the institutional owner and maintains a documented process to collect Application Attestation Forms from all Named Researchers, support completion of the Mitigating Economic and Geopolitical Risk Checklist, obtain authorized institutional review and sign-off, manage any required risk-mitigation process, and retain the applicable records.	Indicator: Covered MCURES funding is anticipated or active Source and basis: Direct funding-program requirement Obligated entity: HEI applicant Control owner: Research office or RSO Reporting path: Executive Sponsor and MCURES as required	Evidence owner: Research office or RSO Evidence: Documented attestation, checklist, sign-off, mitigation, and retention process External prerequisite: MCURES approval where a mitigation process is required	ON-RS-GUIDE-2024 ON-RS-ATT-2024
PAR-2.03 PAR Optional Practice	**Level 3 process sketch** Prepare an initial process sketch describing how collaboration review and data-handling decisions will be made at Level 3.	Applicability: Optional Responsible entity: Facility Control owner: Initiative lead Reporting path: Facility leadership	Evidence owner: Facility Evidence: Process sketch External prerequisite: None	INT-DURA-METH-2026

8.4 Level 3: Developing

Level	Status	Objective
3	**Developing**	Building internal security policies and infrastructure.

ID / Pillar / Classification	Requirement	Applicability and responsibility	Evidence and external prerequisite	Source ID(s)
GOV-3.01 GOV Mandatory Requirement	**Executive sponsorship** Assign a named institutional Executive Sponsor, such as a VP or AVP Research or equivalent. The Executive Sponsor provides a written charter for the RCSL covering scope, decision rights, escalation, and resourcing expectations, and participates in periodic governance reviews.	Applicability: All Level 3 claims Responsible entity: HEI Control owner: Executive Sponsor Reporting path: Institutional governance	Evidence owner: Executive Sponsor or RCSL Evidence: Appointment record, charter, and governance-review records External prerequisite: None	INT-DURA-METH-2026 U15-SR-2023
GOV-3.02 GOV Mandatory Requirement	**Readiness strategy and risk mitigation** Establish a formal dual-use readiness strategy and a risk-mitigation approach, including a Risk Mitigation Plan appropriate to the declared scope.	Applicability: All Level 3 claims Responsible entity: HEI and Facility Control owner: RCSL with Executive Sponsor Reporting path: Executive Sponsor	Evidence owner: RCSL Evidence: Approved strategy and Risk Mitigation Plan External prerequisite: None	G7-SOR-2024 U15-SR-2023
PAR-3.01 PAR Mandatory Requirement	**Collaboration review and obligation-allocation process** Maintain a documented process to review proposed partners and funding sources; identify applicable upstream, direct, flowed-down, and shared requirements; determine whether the HEI may accept the proposed work; allocate responsibilities among the business partner, HEI, Facility, and other parties; identify required external prerequisites and approvals; and define evidence, incident-reporting, change-management, and escalation interfaces before the affected work begins.	Applicability: All proposed dual-use collaborations Responsible entity: Business partner and HEI Control owner: Research office, contracting function, or RSO Reporting path: Executive Sponsor and authorized institutional decision-makers	Evidence owner: Contracting or research office Evidence: Documented workflow, review record, and responsibility allocation External prerequisite: Any prerequisite identified by the governing instrument	CAN-NSGRP-OFFICIAL CAN-OSDD-OFFICIAL

ID / Pillar / Classification	Requirement	Applicability and responsibility	Evidence and external prerequisite	Source ID(s)
IIO-3.01 IIO Mandatory Requirement	**Collaboration IP and confidentiality controls** Review IP ownership and confidentiality terms in proposed collaboration agreements and determine whether non-disclosure agreements, invention disclosures, background and foreground IP terms, licensing terms, and other IP-protection measures are required.	Applicability: All collaborations involving information, IP, or intangible assets Responsible entity: HEI and partner Control owner: Legal, technology-transfer, or contracting function Reporting path: Authorized institutional decision-maker	Evidence owner: Legal, technology-transfer, or contracting function Evidence: Agreement review record and required IP or confidentiality instruments External prerequisite: Third-party approvals where applicable	ON-IPON-TOOLKIT-2025 INT-DURA-METH-2026
IIO-3.02 IIO Mandatory Requirement	**Publication pre-review mechanism** Maintain a publication pre-review mechanism that screens for IP-sensitive or potentially patentable material before disclosure.	Applicability: All projects with publication or disclosure outputs Responsible entity: HEI and Facility Control owner: Project lead and technology-transfer or research office Reporting path: Authorized reviewer	Evidence owner: Project lead or research office Evidence: Documented pre-review process and completed review records External prerequisite: Any third-party consent required by the agreement	G7-SOR-2024 ON-IPON-TOOLKIT-2025
PAR-3.02 PAR Mandatory Requirement	**Research-security applicability review** Document the review of applicable research-security guidance, including STRAC where relevant, and identify which activities, participants, partners, and outputs fall within scope based on the current profiles.	Applicability: All Level 3 claims Responsible entity: HEI and Facility Control owner: RSO or research office Reporting path: RCSL and Executive Sponsor	Evidence owner: RSO or research office Evidence: Applicability determination and recorded rationale External prerequisite: Funder requirements where applicable	CAN-STRAC-OFFICIAL CAN-NRO-OFFICIAL CAN-NSGRP-OFFICIAL
ENV-3.01 ENV Mandatory Requirement	**Cybersecurity posture** Maintain a Cyber Security Plan with segmentation and access controls appropriate to the declared scope, a basic inventory of systems and data, and assigned control owners.	Applicability: All Level 3 claims Responsible entity: HEI and Facility Control owner: Institutional IT or security function Reporting path: RCSL and Executive Sponsor	Evidence owner: IT or security function Evidence: Cyber Security Plan, inventory, and ownership record External prerequisite: None unless imposed by contract	CAN-ITSG33-OFFICIAL

ID / Pillar / Classification	Requirement	Applicability and responsibility	Evidence and external prerequisite	Source ID(s)
IIO-3.03 IIO Mandatory Requirement	**Information siloing** Maintain a protocol ensuring that sensitive dual-use data, proprietary datasets, code, designs, and other IP-bearing or intangible assets are accessible only to personnel authorized for the specific project.	Applicability: All projects involving sensitive information, IP, or outputs Responsible entity: HEI and Facility Control owner: Project lead and IT or data steward Reporting path: RCSL	Evidence owner: Project lead or data steward Evidence: Access protocol, authorization records, and access-control configuration External prerequisite: Any contract-specific handling authorization	G7-SOR-2024 CAN-ITSG33-OFFICIAL
PPL-3.01 PPL Mandatory Requirement	**Departure protocols** Maintain a formal off-boarding protocol to revoke access and retrieve or secure project assets, including IP-bearing materials, from departing staff, students, and researchers. The protocol confirms continuing confidentiality and IP obligations.	Applicability: All personnel with access to in-scope systems, environments, information, or assets Responsible entity: HEI and Facility Control owner: HR, project lead, and IT or security function Reporting path: RCSL	Evidence owner: HR or RCSL Evidence: Off-boarding checklist, access-revocation record, and asset-return record External prerequisite: Clearance or credential termination where applicable	U15-SR-2023 G7-SOR-2024
PAR-3.03 PAR Conditional Requirement	**Ontario research-security workflow** When a covered MCURES funding program applies, maintain a documented workflow covering the applicable pre-application, application, adjudication, and contracting stages. The workflow must address collection of Application Attestation Forms from all Named Researchers; completion of the Mitigating Economic and Geopolitical Risk Checklist by the principal investigator; authorized institutional review and sign-off; responses to adjudication information requests; development, approval, and implementation of any required Risk Mitigation Form; retention of applicable records; and escalation to the appropriate institutional functions and Executive Sponsor. An approved mitigation action or timeline must not be changed without prior written approval from MCURES. Ontario research-security requirements must be assessed separately from federal STRAC and Named Research Organization requirements.	Indicator: A covered MCURES funding program applies Source and basis: Direct funding-program requirement Obligated entity: HEI applicant and Named Researchers Control owner: Research office or RSO Reporting path: Executive Sponsor and MCURES	Evidence owner: Research office or RSO Evidence: Documented end-to-end workflow, forms, sign-offs, responses, mitigation records, and retention controls External prerequisite: MCURES written approval for required mitigation and any change	ON-RS-GUIDE-2024 ON-RS-ATT-2024

ID / Pillar / Classification	Requirement	Applicability and responsibility	Evidence and external prerequisite	Source ID(s)
PAR-3.04 PAR Optional Practice	**Partner network and ecosystem map** Maintain an institutional map of key partner networks, contractual linkages, and viable alternative funding routes to support due diligence and risk-mitigation planning.	Applicability: Optional; particularly relevant to higher-risk partnerships Responsible entity: HEI and Facility Control owner: Research office or partnership function Reporting path: Executive Sponsor	Evidence owner: Research office Evidence: Current network and linkage map External prerequisite: None	U15-SR-2023
PPL-3.02 PPL Optional Practice	**Visitor control** Include a visitor-control mechanism in the Risk Mitigation Plan.	Applicability: Optional; particularly relevant where visitors may access in-scope environments or assets Responsible entity: Facility Control owner: Facility operations or security Reporting path: RCSL	Evidence owner: Facility operations Evidence: Visitor-control procedure and logs External prerequisite: Any site-specific security requirement	G7-SOR-2024
GOV-3.03 GOV Optional Practice	**Governance metrics** Define metrics for internal governance-performance monitoring.	Applicability: Optional Responsible entity: Facility Control owner: RCSL Reporting path: Executive Sponsor	Evidence owner: RCSL Evidence: Metric definitions and reporting record External prerequisite: None	INT-DURA-METH-2026
ENV-3.02 ENV Optional Practice	**Asset mapping** Maintain an asset map of relevant scientific infrastructure, key equipment, facilities, specialized capabilities, and enabling environments to support partnership discussions, profile decisions, and investment prioritization.	Applicability: Optional Responsible entity: Facility Control owner: Facility operations Reporting path: RCSL	Evidence owner: Facility operations Evidence: Current asset map External prerequisite: None	U15-SR-2023
GOV-3.04 GOV Optional Practice	**Incident reporting and escalation path** Define an incident-reporting and escalation path with roles, contacts, decision authority, and an identified institutional coordination function.	Applicability: Optional at Level 3 Responsible entity: HEI and Facility Control owner: RSO, security, or risk function Reporting path: Executive Sponsor and external authorities where required	Evidence owner: Coordinating institutional function Evidence: Incident-response and escalation procedure External prerequisite: Any mandatory reporting requirement	G7-SOR-2024 U15-SR-2023
GOV-3.05 GOV Optional Practice	**Dedicated research-security function** Establish or designate a dedicated Research Security Officer or team for higher-risk profiles.	Applicability: Optional; recommended for higher-risk profiles Responsible entity: HEI Control owner: Executive Sponsor Reporting path: Institutional governance	Evidence owner: HEI Evidence: Role designation and mandate External prerequisite: None	U15-SR-2023

8.5 Level 4: Demonstrated

Level	Status	Objective
4	**Demonstrated**	Applicable controls and governance are documented, operating, and supported by current, internally reviewable evidence.

ID / Pillar / Classification	Requirement	Applicability and responsibility	Evidence and external prerequisite	Source ID(s)
PAR-4.01 PAR Conditional Requirement	**Controlled-goods readiness and authorization** Where the Project Scope & Obligations Profile indicates that a participating organization may examine, possess, transfer, or otherwise access controlled goods or controlled technology, identify the responsible registered organization and document the applicable Controlled Goods Program registration, personnel screening, security plan, handling controls, and any required permit or other authorization. Registration may be initiated as a readiness activity, but the affected work must not begin until all required registrations, authorizations, and controls are in place. Where the requirement does not apply, record the rationale.	Indicator: The project may involve controlled goods or controlled technology Source and basis: Law, regulation, contract, or valid flow-down Obligated entity: The organization required to register or obtain authorization Control owner: Controlled-goods designated official or responsible institutional function Reporting path: Responsible authority and Executive Sponsor	Evidence owner: Registered organization Evidence: Registration, screening, security plan, handling controls, permits, and applicability rationale External prerequisite: Applicable registration, permit, licence, or authorization	CAN-CGP-OFFICIAL CAN-EXPORT-CONTROLS-OFFICIAL
IIO-4.01 IIO Conditional Requirement	**Indigenous data governance** Where the project involves Indigenous partners or communities, Indigenous-led research, Indigenous data, Indigenous IP, traditional knowledge, or research on Indigenous lands or contexts, implement the applicable community-specific governance requirements. The governing authority may be established through a community-specific protocol, agreement, policy, principle, ethics condition, or law. OCAP® may be relevant to First Nations data but is not universal.	Indicator: An Indigenous context, partner, community, data set, IP interest, or traditional-knowledge interest is identified Source and basis: Community-specific authority, protocol, agreement, policy, principle, ethics condition, or law Obligated entity: HEI, Facility, and project parties as agreed Control owner: Project lead and Indigenous engagement or data-governance function Reporting path: Community authority and institutional governance as required	Evidence owner: Project lead or designated steward Evidence: Applicable approvals or decision records, agreements or protocols, stewardship plan, access and sharing terms, and retention or disposal terms External prerequisite: Community or other authority approval where required	FNIGC-OCAP-OFFICIAL

ID / Pillar / Classification	Requirement	Applicability and responsibility	Evidence and external prerequisite	Source ID(s)
PAR-4.02 PAR Mandatory Requirement	**Research-security controls in operation** Maintain documented research-security controls that are operating and aligned with the guidance and obligations applicable to the declared scope.	Applicability: All Level 4 claims Responsible entity: HEI and Facility Control owner: RSO or responsible institutional function Reporting path: RCSL and Executive Sponsor	Evidence owner: RSO or responsible institutional function Evidence: Control register, operating records, review notes, and remediation records External prerequisite: Any prerequisite identified by the applicable program or agreement	G7-SOR-2024 U15-SR-2023 CAN-NSGRP-OFFICIAL
ENV-4.01 ENV Mandatory Requirement	**Cyber-risk-management baseline** Maintain an institutionally approved cyber-risk-management baseline appropriate to the declared scope. ITSG-33 may be used as a reference for risk assessment, control selection, and remediation planning. Where a contract or procurement instrument requires CPCSC, record it as a separate external prerequisite. The responsible authority determines the applicable CPCSC level and assessment method. DURA does not confer CPCSC certification or determine compliance.	Applicability: All Level 4 claims; CPCSC applies only when required by a governing instrument Responsible entity: HEI and Facility Control owner: Institutional IT or security function Reporting path: RCSL and Executive Sponsor	Evidence owner: IT or security function Evidence: Approved baseline, risk assessment, control selection, remediation plan, and status records External prerequisite: CPCSC certification or assessment only when contractually required	CAN-ITSG33-OFFICIAL CAN-CPCSC-OFFICIAL CAN-CPCSC-OVERVIEW-OFFICIAL

ID / Pillar / Classification	Requirement	Applicability and responsibility	Evidence and external prerequisite	Source ID(s)
ENV-4.02 ENV Conditional Requirement	**CBRNE and hazardous-materials readiness** Where the Project Scope & Obligations Profile indicates that the project involves chemical, biological, radiological, nuclear, explosive, energetic, toxic, infectious, radioactive, or otherwise security-sensitive or specially regulated materials, equipment, facilities, testing, or activities, identify the responsible institutional functions and external authorities, and determine the applicable classifications, licences, permits, registrations, certifications, clearances, containment levels, facility approvals, and contractual conditions. Document proportionate controls for: • Acquisition, procurement, receipt, inventory, storage, physical security, and access authorization. • Personnel training and competency, handling and experimental use, internal and external transport, monitoring, and exposure control. • Waste, decontamination, disposal, incident notification and regulatory reporting, and emergency preparedness and response. Required approvals and controls must be in place before the affected activity begins. Reassess the requirement when materials, quantities, equipment, facilities, personnel, or activities materially change. Ordinary laboratory use does not by itself activate a defence-specific CBRNE requirement unless the activity is specially regulated, high-hazard, security-sensitive, defence-related, or governed by a contract or program condition. DURA focuses on applicability, responsible authorities, prerequisite status, conditions, and supporting evidence expectations. It does not classify CBRNE materials, determine legal or regulatory compliance, issue licences or permits, approve containment facilities, certify personnel competence, or replace institutional safety functions, regulators, or emergency-response authorities.	Indicator: The project involves CBRNE or hazardous materials, equipment, facilities, testing, or activities that are specially regulated, high-hazard, security-sensitive, defence-related, or subject to a governing instrument Source and basis: Law, regulation, institutional policy, contract, program condition, platform authority, or responsible technical authority Obligated entity: HEI, Facility, or other project party identified by the governing requirement Control owner: Applicable biosafety, chemical safety, radiation safety, explosives safety, environmental health and safety, emergency-management, or other responsible institutional function Reporting path: Applicable regulator or authority, institutional governance, and Executive Sponsor, as required	Evidence owner: Responsible institutional function and project owner Evidence: Applicability and classification determinations, risk assessments, licences, permits, registrations, certifications, clearances, facility or containment approvals, inventories, training records, procedures, transport and disposal records, inspection or monitoring records, incident records, emergency plans, and reassessment records External prerequisite: Any applicable licence, permit, registration, certification, clearance, containment or facility approval, or other authorization	CAN-CBS-2022 CAN-PHAC-PTL-OFFICIAL CAN-CNSC-NSRD-OFFICIAL CAN-NRCAN-EXPLOSIVES-OFFICIAL CAN-TDG-REGS-OFFICIAL CAN-WHMIS-OFFICIAL CAN-CBRNE-STRATEGY

ID / Pillar / Classification	Requirement	Applicability and responsibility	Evidence and external prerequisite	Source ID(s)
PAR-4.03 PAR Conditional Requirement	**Federal STRAC and affiliations-of-concern process** When the applicable federal funding policy covers the proposed research, confirm that each required researcher attestation has been completed and that the HEI has implemented the applicable review, escalation, and record-retention process. The evidence must identify the funding program, applicable Sensitive Technology Research Area, required attestation population, responsible institutional owner, and any action arising from an affiliation with a Named Research Organization. DURA does not conduct intelligence vetting or determine funding eligibility.	Indicator: The applicable federal funding policy covers the research Source and basis: Direct federal funding-program requirement Obligated entity: HEI applicant and covered researchers Control owner: Research office or RSO Reporting path: Funder and Executive Sponsor as required	Evidence owner: Research office or RSO Evidence: Applicability determination, attestations, review records, escalation records, and retention controls External prerequisite: Funder eligibility decision and any required approval	CAN-STRAC-OFFICIAL CAN-NRO-OFFICIAL
PAR-4.04 PAR Conditional Requirement	**MCURES research-security process** When a covered MCURES funding program applies, retain evidence that all required Application Attestation Forms and the Mitigating Economic and Geopolitical Risk Checklist have been completed and signed by the required parties; the authorized institutional review and sign-off have occurred; adjudication requests have been addressed; and any required Risk Mitigation Form has been approved and implemented. The evidence must also identify the responsible owners, retention requirements, escalation path, and controls preventing approved mitigation actions or timelines from being changed without prior written approval from MCURES.	Indicator: A covered MCURES funding program applies Source and basis: Direct Ontario funding-program requirement Obligated entity: HEI applicant, principal investigator, and Named Researchers Control owner: Research office or RSO Reporting path: MCURES and Executive Sponsor	Evidence owner: Research office or RSO Evidence: Completed forms, sign-offs, adjudication responses, approved mitigation records, and retention controls External prerequisite: MCURES approval of required mitigation and any change	ON-RS-GUIDE-2024 ON-RS-ATT-2024

ID / Pillar / Classification	Requirement	Applicability and responsibility	Evidence and external prerequisite	Source ID(s)
GOV-4.01 GOV Mandatory Requirement	**Internally reviewable evidence package** Maintain an evidence package in which each evidence artifact identifies its artifact type, evidence owner, evidence date or review date, applicable requirement, applicable profile version, and declared scope, as relevant. Check the evidence package internally for presence, completeness, recency, and internal consistency. Record any external prerequisite or authorization supported by the artifact, where relevant.	Applicability: All Level 4 claims Responsible entity: Facility Control owner: RCSL Reporting path: Executive Sponsor	Evidence owner: RCSL and designated institutional functions Evidence: Evidence register, evidence package, and internal review record External prerequisite: None	INT-DURA-METH-2026
PPL-4.01 PPL Mandatory Requirement	**Training and operational protocols** Develop the training and Facility-level protocols required by the declared scope and integrate them into operational practice.	Applicability: All Level 4 claims, proportionate to declared scope Responsible entity: HEI and Facility Control owner: RCSL and responsible institutional functions Reporting path: Executive Sponsor	Evidence owner: RCSL or training owner Evidence: Training materials, completion records, procedures, and operating records External prerequisite: Any required external training or qualification	G7-SOR-2024 U15-SR-2023 CAN-RSC-OFFICIAL CAN-SAFEGUARDING-SCIENCE-M2
GOV-4.02 GOV Conditional Requirement	**Discipline-specific and regulated-research review** Where the Project Scope & Obligations Profile identifies a regulated or discipline-specific dual-use, biosafety, biosecurity, ethics, or other specialist-review requirement, the Facility must refer the activity to the applicable institutional or regulatory authority and retain evidence that the required review was completed before the affected activity proceeds. DURA focuses on applicability, review or approval status, conditions, and supporting evidence expectations. It does not conduct specialist review, determine ethical acceptability, approve animal use, or replace the authority of a Research Ethics Board, Animal Care Committee, the Canadian Council on Animal Care, a regulator, or another responsible body.	Indicator: A regulated or discipline-specific review requirement is identified Source and basis: Law, regulation, institutional policy, ethics requirement, or program condition Obligated entity: HEI, Facility, or project party identified by the governing requirement Control owner: Applicable specialist committee or institutional function Reporting path: Responsible authority and Executive Sponsor	Evidence owner: Applicable specialist authority or institutional function Evidence: Referral, completed review, decision, approval status, and any imposed conditions External prerequisite: Specialist approval, permit, or authorization where required	PHAC-DURC-OFFICIAL UTOR-DUALUSE-2025

ID / Pillar / Classification	Requirement	Applicability and responsibility	Evidence and external prerequisite	Source ID(s)
GOV-4.04 GOV Conditional Requirement	**Animal care and use review** Where the Project Scope & Obligations Profile indicates animal-based research, testing, training, or other activities subject to institutional or regulatory oversight, identify the responsible Animal Care Committee, verify applicable institutional Canadian Council on Animal Care certification, obtain protocol approval before the affected activity begins, and maintain approval throughout the applicable activity. Record required training and competency, veterinary, facility, housing, welfare, amendment, incident-reporting, continuing-review, and closure requirements.	Indicator: The project involves vertebrates, cephalopods, or other animal-based activities subject to institutional or regulatory oversight Source and basis: Funding agreement, CCAC standards, law, institutional policy, contract, or Animal Care Committee requirement Obligated entity: HEI and responsible investigator or project lead Control owner: Responsible investigator and institutional animal-care function, subject to Animal Care Committee authority Reporting path: Animal Care Committee, veterinary authority, and institutional governance, as required	Evidence owner: Responsible investigator or institutional animal-care function Evidence: Animal Care Committee approval, approved protocol and scope, institutional CCAC certification status where applicable, training and competency records, veterinary and facility conditions, amendments, incidents, continuing-review records, and closure documentation External prerequisite: Animal Care Committee approval and valid CCAC certification where applicable	CAN-TRIAGENCY-INST-AGR-2023 CAN-CCAC-CERT-OFFICIAL CAN-CCAC-STANDARDS-OFFICIAL

8.6 Level 5: Ready as Scoped

Level	Status	Objective
5	**Ready as Scoped**	Applicable controls are active and sufficient to execute the declared collaboration scope in accordance with accepted agreement requirements. DURA does not determine legal compliance.

ID / Pillar / Classification	Requirement	Applicability and responsibility	Evidence and external prerequisite	Source ID(s)
ENV-5.01 ENV Conditional Requirement	**Secure research environment** Operate a secure research enclave, physical, digital, or both, with segmentation, controlled data transfer, access controls, and monitoring appropriate to the declared scope.	Indicator: The project requires segregation or elevated physical or digital safeguards Source and basis: Contract, law, regulation, program requirement, or accepted risk treatment Obligated entity: HEI, Facility, or partner as allocated Control owner: Institutional IT, security, or Facility operations Reporting path: RCSL, Executive Sponsor, and external authority where required	Evidence owner: IT, security, or Facility operations Evidence: Environment design, access records, transfer controls, monitoring records, and operating procedures External prerequisite: Secure-facility or classified-work authorization where required	CAN-CSP-FACILITY-OFFICIAL CAN-ITSG33-OFFICIAL
PAR-5.01 PAR Mandatory Requirement	**Contracting, due diligence, and project acceptance** • Risk-based partner and funding-source due diligence has been completed. • Applicable upstream requirements have been reviewed. • Direct, flowed-down, and shared obligations have been identified. • Applicable contractual clauses have been validly flowed down and accepted. • Responsibilities, control owners, evidence owners, reporting paths, and change-management obligations have been documented in the agreement, a responsibility matrix, or an equivalent record. • Required external prerequisites have been verified. • The Project Compatibility Determination has been accepted by the authorized parties.	Applicability: Each Level 5 project before affected work begins Responsible entity: Business partner and HEI Control owner: Contracting, research, legal, and security functions Reporting path: Authorized project-acceptance authorities Accountability boundary: The agreement and compatibility record must not imply that an upstream party's accountability has automatically transferred to the HEI or Facility	Evidence owner: Contracting or research office Evidence: Due-diligence record, agreement, responsibility matrix, verified prerequisites, and accepted compatibility determination External prerequisite: Any prerequisite identified by the governing instrument	CAN-NSGRP-OFFICIAL CAN-OSDD-OFFICIAL CAN-CSP-SUBCONTRACTING-OFFICIAL

ID / Pillar / Classification	Requirement	Applicability and responsibility	Evidence and external prerequisite	Source ID(s)
GOV-5.01 GOV Mandatory Requirement	**Incident-response exercise** Conduct a tabletop incident-response exercise within the past 12 months using a scenario tied to the declared scope. Document findings and track follow-up actions.	Applicability: All Level 5 claims Responsible entity: HEI and Facility Control owner: Security, risk, or incident-response function Reporting path: Executive Sponsor and responsible institutional functions	Evidence owner: Incident-response function Evidence: Exercise plan, attendance, results, and tracked actions External prerequisite: None unless imposed by contract	G7-SOR-2024 U15-SR-2023
IIO-5.01 IIO Conditional Requirement	**Proportionate publication and dissemination restrictions** Where publication, collaboration, access, or dissemination restrictions are required, they must be documented, tied to specific legal, contractual, security, intellectual-property, or third-party-rights risks, time-limited where feasible, and no broader than necessary for the declared scope.	Indicator: A governing instrument or documented risk requires a restriction Source and basis: Law, contract, accepted risk treatment, or third-party right Obligated entity: HEI, Facility, partner, or project participant as applicable Control owner: Project lead and legal, research, or technology-transfer function Reporting path: Authorized institutional and partner reviewers	Evidence owner: Project lead or responsible institutional function Evidence: Documented rationale, scope, duration, review decision, and release conditions External prerequisite: Third-party or authority approval where required	G7-SOR-2024 U15-SR-2023

ID / Pillar / Classification	Requirement	Applicability and responsibility	Evidence and external prerequisite	Source ID(s)
PAR-5.02 PAR Conditional Requirement	**External prerequisite verification Personnel screening or security clearances** • Secure-facility accreditation or authorization • Contract-security requirements • CPCSC certification status and applicable level • Controlled Goods Program registration • Export permits, licences, or other authorizations • Classified information or NATO handling authorization • Defence-domain-specific technical assurance requirements, including sector-specific quality-management certification, testing or calibration laboratory accreditation, airworthiness, safety, licensing, product approval, or other authorization.	Indicator: A governing instrument requires an external clearance, registration, certification, permit, accreditation, authorization, or eligibility determination Source and basis: Direct requirement or valid contractual flow-down Obligated entity: The organization or individual identified by the governing instrument Control owner: Responsible institutional or partner function Reporting path: External authority and authorized project decision-makers	Evidence owner: Obligated organization or designated institutional function Evidence: Prerequisite register recording authority, obligated organization, scope, status, evidence reference, effective date, and expiry or review date External prerequisite: The specific clearance, registration, accreditation, certification, permit, or authorization identified by the governing instrument. DURA does not issue, approve, or determine it.	CAN-CSP-PERSONNEL-OFFICIAL CAN-CSP-FACILITY-OFFICIAL CAN-CPCSC-OFFICIAL CAN-CGP-OFFICIAL CAN-EXPORT-CONTROLS-OFFICIAL NATO-NSO-OFFICIAL
GOV-5.02 GOV Optional Practice	**Suspicious-contact reporting** Maintain a protocol for reporting unsolicited contact or suspicious activity.	Applicability: Optional Responsible entity: HEI and Facility Control owner: RSO or security function Reporting path: Institutional security and external authorities where required	Evidence owner: Security or RSO function Evidence: Protocol and reporting records External prerequisite: Any mandatory reporting requirement	G7-SOR-2024 U15-SR-2023
ENV-5.02 ENV Optional Practice	**Physical-security baseline** Complete an institutional and project-specific physical-security baseline assessment and document remediation actions.	Applicability: Optional; particularly relevant where physical environments or assets require elevated protection Responsible entity: HEI and Facility Control owner: Facility operations or security function Reporting path: RCSL and Executive Sponsor	Evidence owner: Facility operations or security Evidence: Assessment and tracked remediation plan External prerequisite: Any required facility authorization	CAN-CSP-FACILITY-OFFICIAL

ID / Pillar / Classification	Requirement	Applicability and responsibility	Evidence and external prerequisite	Source ID(s)
PAR-5.03 PAR Optional Practice	**Government-led defence-innovation participation** Participate in relevant government-led defence-innovation ecosystems, defence-ministry-sponsored centres, or national defence research networks, with documented governance interfaces and contracting pathways.	Applicability: Optional Responsible entity: HEI and Facility Control owner: Partnership or research office Reporting path: Executive Sponsor	Evidence owner: Partnership or research office Evidence: Participation record and documented governance interface External prerequisite: Program eligibility where applicable	CAN-IDEAS-OFFICIAL CAN-DISH-2026
PAR-5.04 PAR Optional Practice	**Advanced multi-institution collaboration** Demonstrate repeatable governance and output-control practices for secure collaborations across multi-institution networks or defence-funded centres.	Applicability: Optional Responsible entity: HEI and Facility Control owner: RCSL and partnership functions Reporting path: Executive Sponsor	Evidence owner: RCSL Evidence: Prior collaboration records, templates, and lessons learned External prerequisite: Any program-specific eligibility or authorization	G7-SOR-2024 CAN-DIS-2026

8.7 Level 6: Sustained

Level	Status	Objective
6	**Sustained**	Governance and controls are institutionalized, monitored, periodically reassessed, and improved through documented lessons learned.

Prior collaborations may serve as evidence of sustained capability, but no minimum number of collaborations is required.

ID / Pillar / Classification	Requirement	Applicability and responsibility	Evidence and external prerequisite	Source ID(s)
GOV-6.01 GOV Mandatory Requirement	**Continuous monitoring** Continuously monitor in-scope systems, environments, controls, and external prerequisites.	Applicability: All Level 6 claims Responsible entity: HEI and Facility Control owner: Assigned control owners coordinated by the RCSL Reporting path: Executive Sponsor and responsible institutional functions	Evidence owner: Control owners and RCSL Evidence: Monitoring records, status reports, alerts, and tracked actions External prerequisite: Applicable prerequisite status remains current	CAN-ITSG33-OFFICIAL INT-DURA-METH-2026
GOV-6.02 GOV Mandatory Requirement	**Periodic internal review** Conduct periodic internal reviews of DUR controls and governance, including information, IP, and intangible-asset management, with findings documented and tracked to closure.	Applicability: All Level 6 claims Responsible entity: HEI and Facility Control owner: RCSL and relevant institutional functions Reporting path: Executive Sponsor	Evidence owner: RCSL Evidence: Review plan, findings, corrective actions, and closure records External prerequisite: None	G7-SOR-2024 U15-SR-2023
GOV-6.03 GOV Mandatory Requirement	**Annual continuous-improvement review** Conduct a documented continuous-improvement review at least annually, incorporating lessons learned and relevant changes in risks, obligations, personnel, technologies, and operating environments.	Applicability: All Level 6 claims Responsible entity: HEI and Facility Control owner: RCSL and Executive Sponsor Reporting path: Institutional governance	Evidence owner: RCSL Evidence: Annual review, decisions, action plan, and tracked completion External prerequisite: None	G7-SOR-2024 U15-SR-2023
PPL-6.01 PPL Mandatory Requirement	**Training refresh** Review, refresh, and deploy training regularly based on role, scope, lessons learned, and changes in applicable requirements.	Applicability: All Level 6 claims Responsible entity: HEI and Facility Control owner: Training owner and RCSL Reporting path: Executive Sponsor	Evidence owner: Training owner Evidence: Training-review record, updated materials, and completion records External prerequisite: Any required external training or qualification	G7-SOR-2024 U15-SR-2023

ID / Pillar / Classification	Requirement	Applicability and responsibility	Evidence and external prerequisite	Source ID(s)
PAR-6.01 PAR Optional Practice	**Industry-engagement pipeline** Maintain a formalized industry-engagement pipeline.	Applicability: Optional Responsible entity: HEI and Facility Control owner: Partnership or business-development function Reporting path: Executive Sponsor	Evidence owner: Partnership function Evidence: Pipeline and engagement records External prerequisite: None	CAN-DIS-2026
GOV-6.04 GOV Optional Practice	**Mentoring earlier-stage Facilities** Mentor Facilities at earlier readiness levels through templates, guidance, or coaching.	Applicability: Optional Responsible entity: Facility Control owner: RCSL Reporting path: Not required	Evidence owner: RCSL Evidence: Mentoring materials and activity records External prerequisite: None	INT-DURA-METH-2026
PAR-6.02 PAR Optional Practice	**Ecosystem contribution** Contribute to relevant national or allied dual-use and defence-innovation ecosystems.	Applicability: Optional Responsible entity: HEI and Facility Control owner: Partnership or research office Reporting path: Executive Sponsor	Evidence owner: Partnership or research office Evidence: Contribution or participation records External prerequisite: Program eligibility where applicable	CAN-IDEAS-OFFICIAL CAN-DISH-2026 NATO-DIANA-OFFICIAL
PAR-6.03 PAR Optional Practice	**NATO-adjacent and defence-innovation ecosystem participation** Pursue or participate in relevant NATO-adjacent or defence-innovation ecosystems where appropriate. DURA does not determine eligibility, accreditation, test competence, or classified readiness.	Applicability: Optional Responsible entity: HEI and Facility Control owner: Partnership or research office Reporting path: Executive Sponsor	Evidence owner: Partnership or research office Evidence: Application, participation, or engagement records External prerequisite: Program eligibility, accreditation, or authorization as determined by the responsible authority	NATO-DIANA-OFFICIAL NATO-DIANA-TC-2026