

SSA DATA INCIDENT REPORT

Worksheet for Reporting Loss or Potential Loss of Personally Identifiable Information (PII)

1. Information about the individual making the report:

NAME:			
POSITION:			
STATE:		COUNTY AGENCY:	
PHONE NUMBERS:			
WORK:	CELL:	HOME/OTHER:	
E-MAIL ADDRESS:			
CHECK ONE OF THE FOLLOWING:			
<input type="checkbox"/> Management Official	<input type="checkbox"/> Security Officer	<input type="checkbox"/> Non-Management	

2. Information about the data that was lost/stolen:

Describe what was lost or stolen (e.g., case file, MBR data):

Which element(s) of PII did the data contain?

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Name | <input type="checkbox"/> Bank Account Info | <input type="checkbox"/> SSN | <input type="checkbox"/> Medical/Health Information |
| <input type="checkbox"/> Date of Birth | <input type="checkbox"/> Benefit Payment Info | <input type="checkbox"/> Place of Birth | <input type="checkbox"/> Mother's Maiden Name |
| <input type="checkbox"/> Address | <input type="checkbox"/> Other (describe): _____ | | |

3. How was the data physically stored, packaged and/or contained?

Paper or Electronic? (check one and continue below):

If Electronic, what type of device?

- | | | | |
|--|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Laptop | <input type="checkbox"/> Tablet | <input type="checkbox"/> Backup Tape | <input type="checkbox"/> Smart Phone |
| <input type="checkbox"/> Workstation | <input type="checkbox"/> Server | <input type="checkbox"/> CD/DVD | Smart Phone Phone # _____ |
| <input type="checkbox"/> Hard Drive | <input type="checkbox"/> Floppy Disk | <input type="checkbox"/> USB Drive | |
| <input type="checkbox"/> Other (describe): _____ | | | |

Additional Questions if Electronic:

- | | | | | |
|---|------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| a. Was the device encrypted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| b. Was the device password protected? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| c. If a laptop or tablet, was a VPN SmartCard lost? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| d. If laptop, powerstate when lost? | <input type="checkbox"/> Off | <input type="checkbox"/> Sleep | <input type="checkbox"/> Hibernate | <input type="checkbox"/> Not Sure |

Cardholder's Name: _____

Cardholder's SSA logon PIN: _____

Hardware Make/Model: _____

Hardware Serial Number: _____

Additional Questions if Paper:

- | | | | |
|---|------------------------------|-----------------------------|-----------------------------------|
| a. Was the information in a locked briefcase? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| b. Was the information in a locked cabinet or drawer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| c. Was the information in a locked vehicle trunk? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| d. Was the information redacted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| e. Other circumstances: _____ | | | |

4. If the employee/contractor who was in possession of the data or to whom the data was assigned is not the person making the report (as listed in #1), information about this employee/contractor:

NAME:		
POSITION:		
STATE:	COUNTY AGENCY:	
PHONE NUMBERS:		
WORK:	CELL:	HOME/OTHER:
E-MAIL ADDRESS:		

5. Circumstances of the loss:

- a. When was it lost/stolen? _____
- b. Brief description of how the loss/theft occurred: _____
- c. When was it reported to SSA management official (date and time)? _____

6. Have any other SSA components been contacted? If so, who? (Include deputy commissioner level, agency level, regional/associate level component names)

7. Which reports have been filed? (include FPS, local police, and SSA reports)

Report Filed

- Federal Protective Service Yes No Report Number _____
- Local Police Yes No Report Number _____
- OIG Yes No Report Number _____
- SSA-3114 (Incident Alert) Yes No
- SSA-342 (Report of Survey) Yes No
- Security Assessments and Funded Enhancements (SAFE) Yes No
- Other (describe) _____

8. Other pertinent information (include actions under way, as well as any contacts with other agencies, law enforcement or the press):

9. Describe how the incident or potential incident was discovered, including the date and time of discovery: