

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?

Name	Bank Account Info	SSN	Medical/Health Information
Date of Birth	Benefit Payment Info	Place of Birth	Mother's Maiden Name
Address	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?

Laptop	Tablet	Backup Tape	Smart Phone
Workstation	Server	CD/DVD	Smart Phone Phone #
Hard Drive	Floppy Disk	USB Drive	
Other (describe):_			

Additional Questions if Electronic:

- a. Was the device encrypted? Yes No Not Sure
- b. Was the device password protected? Yes No Not Sure
- c. If a laptop or tablet, was a VPN SmartCard lost? Yes No Not Sure
- d. If laptop, powerstate when lost? Off Sleep Hibernate 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? Yes No Not Sure
- b. Was the information in a locked cabinet or drawer? Yes No Not Sure
- c. Was the information in a locked vehicle trunk? Yes No Not Sure
- d. Was the information redacted? Yes No 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:

- When was it lost/stolen? _____
- Brief description of how the loss/theft occurred: _____
- 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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Report Number_ |
| Local Police | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Report Number__ |
| OIG | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Report Number |
| SSA-3114 (Incident Alert) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| SSA-342 (Report of Survey) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Security Assessments and Funded Enhancements (SAFE) | <input type="checkbox"/> Yes | <input type="checkbox"/> 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: