Template: IT Incident Checklist (Unauthorized Access to Member Information)

IT INCIDENT CHECKLIST
Unauthorized Access to Member Information

Part I (Completed by DOS)

Charter Number			
Credit Union Name			
CAMEL Code and Effective Date			
Date Notification Received by DOS			
Source of Notification (X all that apply)	CU:	NCUA:	SSA:
Regional Tracking System Identifier			
If a FISCU, Date Notification Sent to SSA			
Supervisory Examiner Name			
District Examiner Name			
DOS Analyst Name			

Brief Description of the Incident			
Content of the Notification (X all that apply)			
Identification of Incident			
Other Notifications (to SSA, etc.)			
Scope of Investigation			
Results of Review			
Corrective Actions			
Member Notification			
Additional Plans			
Inherent Risk of Harm to Member(s)			
Likelihood of Harm to Member(s) After Considering Corrective Actions and Plans			
Recommended Supervision Plans (X one)	No Action:	60 Days:	Deferred:
Additional Comments on Supervision Plans			
Other Pertinent Information			

Part II (Completed by Field Staff)

Assessment of the CU's Response Plan			
Recommended Supervision Plans	Concur:		Do Not Concur:
Additional Comments on Supervision Plans			
Other Pertinent Information			

Part III (Completed by DOS only if agreement on supervision plans is not reached)

APPROVE/DENY RECOMMENDATION

Analyst Comments:

APPROVE ☐   **DISAPPROVE** ☐

Supervision Analyst _____   Date_____

APPROVE ☐   **DISAPPROVE** ☐

Director of Supervision _____   Date_____

APPROVE ☐   **DISAPPROVE** ☐

Associate Regional Director _____   Date_____