**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_