



# US Department of Agriculture

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## Agriculture Security Operations Center

### Cyber Security Incident Report

#### Personally Identifiable Information (PII) Incident

This Cyber Security Incident Report follows established guidelines as determined in Departmental Manual 3505-001: USDA Cyber Security Incident Handling Procedures, Appendix A and US-CERT Federal Incident Notification Guidelines of 2014

[https://www.us-cert.gov/sites/default/files/publications/Federal Incident Notification Guidelines.pdf](https://www.us-cert.gov/sites/default/files/publications/Federal%20Incident%20Notification%20Guidelines.pdf).

**Complete the sections identified for the appropriate US-CERT Category within 30 days of incident discovery.**

#### Category 1 – Unauthorized Access

[Section I: General Information](#)

[Section II A: Incident Mitigation – Category 1 – Unauthorized Access](#)

[Section III: Impact and Scope](#)

[Section IV: Lessons Learned](#)

[Section V: Additional Information](#)

#### Category 8 – Lost/Stolen Equipment

[Section I: General Information](#)

[Section II B: Incident Mitigation – Category 8 – Lost/Stolen Equipment](#)

[Section III: Impact and Scope](#)

[Section IV: Lessons Learned](#)

[Section V: Additional Information](#)

# ASOC PII Incident Report

Please send all updates, information and reports for this incident to [cyber.incidents@asoc.usda.gov](mailto:cyber.incidents@asoc.usda.gov) or contact the ASOC via the 24-hour Cyber Incidents Hotline (866) 905-6890.

## Section I: General Information

A. Agency Information	
ASOC Incident Number:	<<OIS Provided, if applicable>>
Agency Incident Number:	<<RMA Provided>>
Reporting Individual and Organization Submitting this Report:	<<RMA Provided>>
Date:	<<RMA Provided>>
Impacted Organization and individual contacted, if applicable:	<<Only fill out if RMA or OIS information security monitoring measures indicate compromise at AIP and we notify them>>
Date and time, including Time Zone, that impacted organization was notified, if applicable:	<<RMA fills out based on alert>>
B. ISSPM/CISO Contact	
Name of ISSPM or CISO:	
Position/Title:	
E-Mail Address:	
Office Phone:	816-926-3306
Cell Phone:	816-469-9269
C. Privacy Officer Contact	
Name of Privacy Officer Point of Contact:	
Position/Title:	
E-Mail Address:	
Office Phone:	
Cell Phone:	
Agency Privacy Officer Notification Date:	<<RMA fills out upon notification>>
D. Person Assigned to Investigate	
Name of Investigative Point of Contact:	
Position/Title:	
E-Mail Address:	
Office Phone:	
Cell Phone:	

## ASOC PII Incident Report

E. Reporter Information	
Name of Individual who reported PII exposure:	<<Provided by AIP>>
Position/Title:	<<Provided by AIP>>
E-Mail:	<<Provided by AIP>>
Office Phone:	<<Provided by AIP>>
Cell Phone:	<<Provided by AIP>>
F. Other Contact Information	
Name of Individual who exposed the PII:	<<Provided by AIP>>
Position/Title:	<<Provided by AIP>>
E-Mail:	<<Provided by AIP>>
Office Phone:	<<Provided by AIP>>
Cell Phone:	<<Provided by AIP>>
G. General Information	
How was the incident discovered, including sources, methods or tools used to identify the incident (IDS, Audit logs, Digital Media Analysis)?	<<Provided by AIP>>
Details describing any cyber vulnerabilities (CVE identifiers), if applicable:	<<Provided by AIP>>
Date/Time of the occurrence, including time zone:	<<Provided by AIP>>
Date/Time of detection, including time zone:	<<Provided by AIP>>
Date/Time of identification, including time zone:	<<Provided by AIP>>
System Functions, if applicable (web server, domain controller, SharePoint, workstation): Operating System(s) affected, if applicable:	<<Provided by AIP>>
Physical System Location(s):	<<Provided by AIP>>
Source Internet Protocol (IP) address, port & protocol, if applicable:	<<Provided by AIP>>
Destination Internet Protocol (IP) address, port & protocol, if applicable:	<<Provided by AIP>>
Type of Media (i.e. paper based, laptop, other electronic media [CD, DVD, USB], website posting, PDA, E-Mail, SharePoint):	<<Provided by AIP>>
If non-Cyber, US-CERT shall not be notified. Date and time agency/staff office PO/PAO was notified:	<<Provided by AIP>>

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<p>If paper based, were the documents double wrapped? If the answer is no, why were the documents not double wrapped?</p>	<p>&lt;&lt;Provided by AIP&gt;&gt;</p>
<p>If cyber-based PII exposure, was it the result of an attack? If yes, please identify if the attack was unknown, Attrition, Web-based, E-mail, External/Removable media, Impersonation/Spoofing, Improper Usage or Loss or Theft of Equipment. (If lost or stolen, please complete Section II, B.</p>	<p>&lt;&lt;Provided by AIP&gt;&gt;</p>
<p>Number of Individuals Affected:</p>	<p>&lt;&lt;Provided by AIP&gt;&gt;</p>
<p>Type of PII Exposed (i.e. SSN, Name, DOB, TIN, etc.):</p>	<p>&lt;&lt;Provided by AIP&gt;&gt;</p>
<p>Did this occur on a cloud-based system? If yes, is it a contractor cloud-based system?</p>	<p>&lt;&lt;Provided by AIP&gt;&gt;</p>
<p>Is there a Privacy Threshold Analysis (PTA)? (Every System Requires a PTA.) If not assigned to a system, please explain the reasons for the collection and use of the PII.</p>	
<p>If yes, enter the date signed by the agency CIO/Official. If no, explain reason for no PTA.</p>	
<p>Is there a Privacy Impact Assessment (PIA)?</p>	
<p>If yes, enter the date signed by the agency CIO/Official. If no, explain reason for no PIA.</p>	
<p>What is the General Support System (GSS) on which this application or PII is process/stored?</p>	
<p>Enter the name(s) of the SORN(s).</p>	
<p>Enter the Federal Register System of Record Notification (SORN) number, publication date, volume and page number(s), if applicable. Date that the SORN was uploaded to the Federal Register.</p>	
<p>Enter date and Electronic Correspondence Management (ECM) control number.</p>	
<p>Please enter the Authority to Operate (ATO) date.</p>	
<p>Are there any open POA&amp;Ms for the system?</p>	

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If so, please enter the POA&M number:	
Is there a signed Computer Matching Agreement (CMA) or Interconnection Security Agreement (ISA) with the agency which the information was matched or shared? List the effective date.	
Was the CMA approved by the Data Integrity Board? If yes, please document the date of approval.	
Was the PII extracted/downloaded from a database?	<<Provided by AIP>>
If yes, was the extraction/download logged as required by: M-07-16? Describe process for logging extractions. Who is responsible for logging and tracking the extraction?	<<Provided by AIP>>

## Section II: Incident Mitigation

A. Category 1 – Unauthorized Access	
Circumstances surrounding the incident:	<<Provided by AIP>>
Mitigating Factors (full disk encryption, complex passwords, PIV card access):	<<Provided by AIP>>
Describe steps taken to contain and mitigate this incident.	<<Provided by AIP>>
Has the individual(s) responsible for the breach/exposure/incident completed annual information security awareness training? If not, why not?	<<Provided by AIP>>
Was (were) the individual(s) responsible for breaching the PII notified and counseled about protecting PII prior to the breach?	<<Provided by AIP>>
Has the individual(s) responsible for exposing the PII completed the PII training in AgLearn? If yes, attach the certificate of completion or enter the documented date of completion.	
Does your agency have Rules of Conduct as required by OMB Memorandum M-07-16 that incorporate USDA privacy requirements? Does your agency ensure that all individuals who are authorized to access PII and their supervisors sign, at least annually, a document that clearly describes their responsibilities?	

## ASOC PII Incident Report

<p>If it does not, how are users reminded of their responsibilities to protect PII?</p>	
<p>If yes, was the person responsible for breaching/exposing the PII aware of those rules? If unaware, explain and have the person read and sign and date the Rules of Behavior. Please include a copy of the receipt or verify date of signature in the final submission of this form.</p>	
<p>If the incident was facilitated by e-mail, does your organization provide encryption and/or password protection for e-mail attachments? If yes, was the person who compromised the PII aware of her/his responsibility to encrypt or password protect the PII before sending? If yes, why was it not done? If no, will your policies and procedures be modified to require encryption/password protection?</p>	<p style="background-color: yellow;">&lt;&lt;Provided by AIP&gt;&gt;</p>
<p>Was there any indication of criminal activity? If yes, provide date(s) and case number(s) of OIG/Law Enforcement notification. Please attach or provide the number of the police/OIG report or case number (if releasable)</p>	<p style="background-color: yellow;">&lt;&lt;Provided by AIP&gt;&gt;</p>
<p><b>Were the impacted individuals Notified?</b></p>	<p style="background-color: yellow;">&lt;&lt;Provided by AIP&gt;&gt;</p>
<p><b>If the individuals were notified, how many were Notified?</b></p>	<p style="background-color: yellow;">&lt;&lt;Provided by AIP&gt;&gt;</p>
<p>Was credit monitoring offered to the individual(s) impacted by the PII exposure? If yes, please submit a copy of the approved offer letter along with the date it was sent. If no, please explain.</p>	<p style="background-color: yellow;">&lt;&lt;Provided by AIP&gt;&gt;</p>
<p>Was a signed non-disclosure statement (AD – 3050) received from all individual(s) who viewed the PII?  <a href="http://www.ocio.usda.gov/document/ad-3050" style="color: green;">www.ocio.usda.gov/document/ad-3050</a>  If yes, please submit copies of the non-disclosure document(s). If no, please explain.</p>	

## ASOC PII Incident Report

B. Category 1 (US-CERT CAT 1) - Lost/Stolen Equipment Containing PII	
Type(s) of USDA issued equipment (i.e. make, model, serial number, phone number):	
Approximate replacement value:	
Address/Location where the incident occurred:	<<Provided by AIP>>
Circumstances surrounding the incident:	<<Provided by AIP>>
Was the individual authorized to remove the device(s) from the USDA duty station? If yes, is there a signed property pass? If yes, did it include rules of use, conduct and behavior? If no, why is there no property pass?	
Was encryption software installed? If yes, what version? If not, please state why it is not installed.	<<Provided by AIP>>
Was the equipment/device(s) password protected? Please answer for each device.	<<Provided by AIP>>
Has the service or network access been disabled?	<<Provided by AIP>>
If the equipment was a mobile device (i.e. Smartphone, tablet, etc.) was it remotely purged? If no, explain.	<<Provided by AIP>>
If stolen, what law enforcement agency was notified? List the police report number, date and name of investigating officer.	<<Provided by AIP>>
If lost, what actions were taken to find the equipment?	<<Provided by AIP>>
Was the individual(s) responsible for the lost or stolen equipment trained to protect the equipment from loss or theft?	<<Provided by AIP>>
Were any of the devices lost or stolen containing USDA PII personally owned (non-USDA issued) such as: thumbdrive, portable hard drive? If Yes, please document why PII was resident on personally owned equipment.	

### Section III: Impact and Scope (To Be Filled out by RMA)

#### A. Impact and Scope

## ASOC PII Incident Report

<p>Determine the FIPS 199 Security Categorization (SC) to determine potential impact levels. This applies to systems used by or on behalf of USDA. All systems must be categorized.</p>	<p>Confidentiality:   <input type="checkbox"/>Low   <input type="checkbox"/>Moderate   <input type="checkbox"/>High   <input type="checkbox"/> N/A</p> <p>Integrity:         <input type="checkbox"/>Low   <input type="checkbox"/>Moderate   <input type="checkbox"/>High   <input type="checkbox"/>N/A</p> <p>Availability:      <input type="checkbox"/>Low   <input type="checkbox"/>Moderate   <input type="checkbox"/>High   <input type="checkbox"/>N/A</p> <p>Explain Not Applicable (N/A) Responses:</p>
<p>Summary of FIPS 199 Security Categorization (SC) of for the system that contains the PII.</p>	<p><input type="checkbox"/>Low   <input type="checkbox"/>Moderate   <input type="checkbox"/>High   <input type="checkbox"/>N/A</p>
<p>Determine the NIST 800-122 Confidentiality Impact Level based on the NIST 800-122 Factors.</p>	<p>Identifiability:       <input type="checkbox"/>Low   <input type="checkbox"/>Moderate   <input type="checkbox"/>High   <input type="checkbox"/>N/A</p> <p>Quantity of PII:       <input type="checkbox"/>Low   <input type="checkbox"/>Moderate   <input type="checkbox"/>High   <input type="checkbox"/>N/A  <span style="margin-left: 100px;">(&lt; 500)   (500-1000)           (&gt; 1000)</span></p> <p>Data Field Sensitivity: <input type="checkbox"/>Low   <input type="checkbox"/>Moderate   <input type="checkbox"/>High   <input type="checkbox"/>N/A</p> <p>Context of Use:       <input type="checkbox"/>Low   <input type="checkbox"/>Moderate   <input type="checkbox"/>High   <input type="checkbox"/>N/A</p> <p>Obligation to Protect Confidentiality:  <span style="margin-left: 100px;"><input type="checkbox"/>Low   <input type="checkbox"/>Moderate   <input type="checkbox"/>High   <input type="checkbox"/>N/A</span></p> <p>Access to and Location of PII:  <span style="margin-left: 100px;"><input type="checkbox"/>Low   <input type="checkbox"/>Moderate   <input type="checkbox"/>High   <input type="checkbox"/>N/A</span></p>
<p>Combined NIST 800-122 Confidentiality Impact Level.</p>	<p><input type="checkbox"/>Low   <input type="checkbox"/>Moderate   <input type="checkbox"/>High   <input type="checkbox"/>N/A</p>
<p>Explain the rationale for the combined NIST 800-122 Confidentiality Impact Level. Note: This combined impact level contributes to the determination of the overall incident category.</p>	
<p>Determine the OMB M-07-16 Risk factors to assess the likely risk of harm stemming from the breach of PII.</p>	<p>Nature of Data Elements:                   <input type="checkbox"/>Low   <input type="checkbox"/>Moderate   <input type="checkbox"/>High</p> <p>Likelihood the PII is Usable:               <input type="checkbox"/>Low   <input type="checkbox"/>Moderate   <input type="checkbox"/>High</p> <p>Likelihood PII May Lead to Harm:         <input type="checkbox"/>Low   <input type="checkbox"/>Moderate   <input type="checkbox"/>High</p> <p>Ability to Mitigate the Risk of Harm:      <input type="checkbox"/>Low   <input type="checkbox"/>Moderate   <input type="checkbox"/>High</p> <p>Actual Number of Individuals Affected: (Should be answered in Section I, Subsection G. above unless the number has changed due to the investigation.)</p>
<p><b>US-CERT Impact Classifications</b></p>	



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<p><b>Functional Impact:</b>  <b>HIGH</b> – Organization has lost the ability to provide all critical services to all system users.  <b>MEDIUM</b> – Organization has lost the ability to provide a critical service to a subset of system users.  <b>LOW</b> - Organization has experienced a loss of efficiency, but can still provide all critical services to all users with minimal effect on performance  <b>NONE</b> - Organization has experienced no loss in ability to provide all services to all users.</p>	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
<p><b>Information Impact:</b>  <b>PRIVACY</b> – The confidentiality of personally identifiable information (PII) or personal health information (PHI) was compromised.  <b>INTEGRITY</b> – The necessary integrity of information was modified without authorization.  <b>NONE</b> – No information was exfiltrated, modified, deleted or otherwise compromised.</p>	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High  <input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
<p><b>Recoverability:</b>  <b>REGULAR</b> – Time to recovery is predictable with existing resources.  <b>SUPPLEMENTED</b> – Time to recovery is predictable with additional resources.  <b>EXTENDED</b> – Time to recovery is unpredictable, additional resources and outside help are needed.  <b>NOT RECOVERABLE</b>- Recovery from the incident is not possible (Example, PII exfiltrated and posted publically).  <b>NOT APPLICABLE</b> – Incident does not require recovery.</p>	<input type="checkbox"/> Regular <input type="checkbox"/> Supplemented <input type="checkbox"/> Extended <input type="checkbox"/> Not Recoverable  <input type="checkbox"/> Not Applicable  Please include narratives here:

### Section IV: Lessons Learned

A. Lessons Learned	
How could this incident have been prevented?	
What additional information was required to investigate/resolve this incident?	
Where was this information available?	
What will your organization do to prevent further breaches?	

## ASOC PII Incident Report

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Are there any deficiencies in Departmental or Agency policies and procedures that would assist in preventing future breaches or exposures? (Please enter as much information as possible.)	
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### **Section V: Additional Information**

Provide timelines, related documents, such as NITC service desk form, credit monitoring offer letters, non-disclosure forms, pertinent e-mail messages and any additional information not included in previous sections:

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