



# 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](#)

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#### Category 8 – Lost/Stolen Equipment

[Section I: General Information](#)

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

[Section III: Impact and Scope](#)

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# 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:                                                                                 |                                                                                                                        |

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| 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):<br>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.<br>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?</p> <p>If the answer is no, why were the documents not double wrapped?</p>                                                                                                                                                                               | <<Provided by AIP>> |
| <p>If cyber-based PII exposure, was it the result of an attack?</p> <p>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> | <<Provided by AIP>> |
| Number of Individuals Affected:                                                                                                                                                                                                                                                                                | <<Provided by AIP>> |
| Type of PII Exposed (i.e. SSN, Name, DOB, TIN, etc.):                                                                                                                                                                                                                                                          | <<Provided by AIP>> |
| <p>Did this occur on a cloud-based system?</p> <p>If yes, is it a contractor cloud-based system?</p>                                                                                                                                                                                                           | <<Provided by AIP>> |
| <p>Is there a Privacy Threshold Analysis (PTA)? (Every System Requires a PTA.)</p> <p>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.</p> <p>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.</p> <p>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>                                                                                                                                                                                                            |                     |
| Enter the name(s) of the SORN(s).                                                                                                                                                                                                                                                                              |                     |
| <p>Enter the Federal Register System of Record Notification (SORN) number, publication date, volume and page number(s), if applicable.</p> <p>Date that the SORN was uploaded to the Federal Register.</p>                                                                                                     |                     |
| Enter date and Electronic Correspondence Management (ECM) control number.                                                                                                                                                                                                                                      |                     |
| Please enter the Authority to Operate (ATO) date.                                                                                                                                                                                                                                                              |                     |
| Are there any open POA&Ms for the system?                                                                                                                                                                                                                                                                      |                     |

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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?<br>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:<br>M-07-16? Describe process for logging extractions.<br>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?<br>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?<br>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?<br>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? |                     |

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

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### 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?<br>If yes, is there a signed property pass?<br>If yes, did it include rules of use, conduct and behavior?<br>If no, why is there no property pass? |                     |
| Was encryption software installed?<br>If yes, what version?<br>If not, please state why it is not installed.                                                                                                                         | <<Provided by AIP>> |
| Was the equipment/device(s) password protected?<br>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?<br>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

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|                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Determine the FIPS 199 Security Categorization (SC) to determine potential impact levels.<br/>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<br/> <span style="margin-left: 150px;">(&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:<br/> <span style="margin-left: 150px;"><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:<br/> <span style="margin-left: 150px;"><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.<br/>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:<br/>(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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| <b>Functional Impact:</b><br><b>HIGH</b> – Organization has lost the ability to provide all critical services to all system users.<br><b>MEDIUM</b> – Organization has lost the ability to provide a critical service to a subset of system users.<br><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<br><b>NONE</b> - Organization has experienced no loss in ability to provide all services to all users. | <input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High                                                                                                                                   |
| <b>Information Impact:</b><br><b>PRIVACY</b> – The confidentiality of personally identifiable information (PII ) or personal health information (PHI) was compromised.<br><b>INTEGRITY</b> – The necessary integrity of information was modified without authorization.<br><b>NONE</b> – No information was exfiltrated, modified, deleted or otherwise compromised.                                                                                                                                                     | <input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High<br><br><input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High |
| <b>Recoverability:</b><br><b>REGULAR</b> – Time to recovery is predictable with existing resources.<br><b>SUPPLEMENTED</b> – Time to recovery is predictable with additional resources.<br><b>EXTENDED</b> – Time to recovery is unpredictable, additional resources and outside help are needed.<br><b>NOT RECOVERABLE</b> - Recovery from the incident is not possible (Example, PII exfiltrated and posted publically).<br><b>NOT APPLICABLE</b> – Incident does not require recovery.                                | <input type="checkbox"/> Regular <input type="checkbox"/> Supplemented <input type="checkbox"/> Extended <input type="checkbox"/> Not Recoverable<br><br><input type="checkbox"/> Not Applicable<br><br>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?                    |  |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Are there any deficiencies in Departmental or Agency policies and procedures that would assist in preventing future breaches or exposures?<br>(Please enter as much information as possible.) |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

### 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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