

**Appendix C:  
UCSC Campus Incident Response Team (CIRT) Checklist**

**Instructions:**

Complete checklist for each incident for which the CIRT is convened. Identify whether existing procedures and incident documentation suffice or if additional documentation is needed.

**Checklist:**

**Related to Data Involved**

- Types of data involved:
  - SSN
  - Driver's License or State ID
  - Financial account information
  - Credit card or account numbers
  - Personal health, medical or medical insurance information
  - Other Restricted Data (specify):
  - FERPA-protected data (will need to notify Registrar)
  - "Significant" or "high-visibility" incident (specify):
- Refer to [\*Information Breach Decision Tree for California State Law\*](#) for guidance on regulatory requirements for the timing of notifications to affected individuals, regulatory agencies, and the media, if appropriate.
- If ePHI was involved:
  - Refer to *Information Breach Decision Checklist for HIPAA* (available from UC HIPAA Officers or Health Lawyers) for guidance on regulatory requirements for the timing of notifications to affected individuals, regulatory agencies, and the media, if appropriate.
  - Perform and document a risk assessment to determine whether there is a significant risk of harm to the individual whose PHI was inappropriately disclosed.
  - Ensure compliance with required notifications.
  - Include any unauthorized disclosure of PHI on the HIPAA Accounting for Disclosures log.
  - Include any sanctions in the HIPAA sanctions log.
- Is redaction required for any security sensitive information?  
*e.g. "Target of the attack [Host Name/IP Address] should not be listed for incidents involving protected health information or sensitive student information"*

**Incident Handling**

- Do we need to involve any external agencies? E.g., law enforcement, regulatory agencies.
- Is law enforcement involved? If so, how does it affect incident handling?
- Is there a potential for insurance claim? If so, how does it affect incident handling?

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- Are there any other factors that affect containment of the incident?  
*Containment is the combination of actions, including technical controls such as network and system disconnects, that limit the damage to University resources.*
- Is preservation of evidence required?  
*Documentation per “Proper preservation of evidence requires establishment of chain of custody procedures prior to an incident. Any electronic evidence should be properly tracked in a documented and repeatable process. “*
- Is a forensic analysis required?
- Do we document estimated technical impact of the incident (i.e. data deleted, system crashed, application unavailable)?
- Do we track total hours spent on incident handling and/or additional non-labor costs involved in handling (estimate), and any other incident response costs?

### Notification

Considerations for notification (See Exhibit B in [UC Incident Response Plan](#))

- Develop a Call Center  
*Decide on using an internal vs. external; toll-free telephone number; determine the staffing (numbers) and coverage hours and days of week; train staff to respond to incident calls (provide standard scripts); comfortable setting (head-sets, quiet area, computer); bilingual skills, etc.*
- Communications Plan  
*Identify who needs to be notified (internal / external), who is responsible, coordinate the response and message; develop internal FAQs; press release draft; escalation guide for call center; formal notification to other agencies, vendors, stakeholders, media contact persons; press briefing*
- Notification methods  
*Internal e-mail, US mail, media alert/press release; mail house/breach response company; type of letterhead and whose signature; envelope style; finalize the letter and determine whether to include FAQs with the letter.*
- Regulatory agencies  
*Determine which agencies (e.g., CA Attorney General, CDPH, OCR, etc.), if any, require notification; provide each agency with their required information, in the format and manner (electronic, written, etc.) they require*
- Mail house  
*Determine whether the mail house is required to cleanse the list with National Change of Address Office; if so, determine if you want to be notified of address updates; execute a HIPAA Business Associates Agreement (BAA) with the external mail house if the incident is associated with a breach of PHI (protected health information)*
- Do we need to document responses to letters and concerns?
- Do we need to document the source of notification addresses and alternatives?

### Incident Report

Additional documentation:

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- Contact information for all parties involved in the incident  
(include why)
- Complete incident handling log/technical report (supplemental to the incident report)
  - Comprehensive incident log including documentation of all activities and include a date / time log as appropriate, e.g., who did what when
  - Detailed information about the event, including actions taken and personnel involved
  - Detailed information about the investigation
  - When, where, and from whom the evidence was received (or taken)
  - The physical analysis (visual evaluation), including brand names, model numbers, and serial numbers
  - The forensic duplication, including how the image was made (for digital evidence), the software and hardware used to make the image, and the hash comparison results
  - Every step taken in the analysis of media. Explain what tools were used and what was or was not discovered as a result of these processes. Document other information such as: number and size of sectors, operating systems, significant software, anti-virus, crash-guard software, etc.
  - All conclusions reached
  - How and when the evidence was returned or the manner in which it was disposed
  - Note: data used in this report should reference collected evidence, and be verifiable

### Post-Incident Review (PIR)

- Complete PIR
  - Determine if PIR should be done under attorney-client privileges.
    - Remaining action items related to remediation
    - Root cause
    - Lessons Learned:
      - What worked well; what didn't work so well
      - Cover technical measures; policy/guidelines, roles/responsibilities or org structure;
    - Recommendations based on lessons learned and root cause
- Communication plan (not related to notification), including
  - requirement (if needed) to use encryption or out-of-band mechanisms for incident-related communications
  - public statements or other communications external to the CIRT
  - notification of other campuses