

Missing InfoTech Asset/Device Report Form

Use this form to report a lost or stolen computing device. The OIS will need to assess the potential data loss. In some cases the OIS might be able to assist in relocating the device. Please provide as much detail as possible in completing this form. Fields that are marked with an asterisk (*) are essential to the investigation and evaluation of this loss. Once you have completed the form, email it to <u>security@clemson.edu</u>. Thank you.

| Ι | Contact Information | |
|-----|-------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1. | Today's Date | |
| 2. | * Name of the Person who Owned Asset | |
| | * Username | |
| | Office Phone | |
| | Mobile Phone | |
| 3. | * Last known date of possession? | |
| 4. | * Last known time of possession? | |
| 5. | * Date you first noticed device missing | |
| 6. | * Time you first noticed device missing. | |
| 7. | In the Office 🗌 Yes 🗌 No If Y | your car |
| 0 | Other Location: | |
| 8. | What is the current status of the asset (e.g., has it been recovered, still missing, been destroyed)? | |
| 9. | If recovered, please indicate date and time. | AM PM |
| 10. | * Incident Description (e.g., lost, stolen; where | e/when last seen, data on device) |
| | | |

| II | Notification (Law Enforcement, Risk Management, General Counsel) | |
|----|-------------------------------------------------------------------------------------------------------------------|--|
| 1. | Has a CUPD report been filed? Yes No If yes, CUPD assigned case number: | |
| 2. | If non-CUPD law enforcement has been engaged, please include name of law enforcement organization contact | |
| | information | |
| | Provide their assigned case number: | |
| | | |
| 3. | Who Owns the Device or Media? Clemson University Personal Other | |
| | For University owned device(s) has <u>Risk Management</u> been notified? Yes | |
| | If you're the device contained personal information, please take the necessary precautions to | |
| | protect your own account and identity information. | |
| 4. | Have you contacted Clemson's General Counsel's Office? 🗌 Yes 👘 🗌 No (*** Not all need to be reported | |
| | to them) Who was your contact? | |
| 5. | Have you contacted Clemson's Office of Information Security? | |
| | Who was your contact? | |

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| III | Computing Device Information (Physical) (if not a computing device skip to question #2) |
|-----|----------------------------------------------------------------------------------------------------|
| 1. | * Type of Device Smart Phone 🗌 Tablet 🗌 |
| 1. | Laptop 🗌 Desktop 🗌 Other Devices |
| | * Operating System Apple/Mac 🗌 Windows 🗌 Unix 🗌 Mobile O/S 🗌 Version |
| | * Model * Serial # |
| | * Owner: University Issued/Purchased Personal |
| | * Clemson Inventory Tag # |
| | Before discontinuing cellular service on your mobile device, there may be options to remotely |
| | wipe any data contained on it. Please contact our CCIT Support Center at <u>ithelp@clemson.edu</u> |
| | or 864-656-3494 for help. |
| 2. | * Was this device ever used on the Clemson Network |
| | |

| IV | Type of Data Potentially on Device: |
|----|--------------------------------------------------------------------------------------------------------|
| 1. | * Does the application: create, access, receive, store, or process any of the following data elements? |
| | Social Security Numbers |
| | Debit/Credit Card Numbers |
| | Bank Account/Routing Numbers |
| | Protected Health Information |
| | Any Gov't Issued Identification Numbers (Driver's License, Passport, etc) 🛛 Yes 🗌 No |
| | Employee Data (Salary, Evaluations, Grievance) |
| | Any Student Data Subjected to FERPA requirements |
| | * If you answered Yes to anything above then: |
| 2. | Give a Brief Description of the Data and how it is maintained on the missing device; please provide |
| | application names that are used to access or process the above data types. Also, please describe |
| | whether the data above was accessed on remote storage areas, or stored locally on device. |
| | |
| 3. | What is the scale/scope of the data (e.g., large |
| | database(s), multiple spreadsheets, word |
| | documents, email correspondence)? |
| 4. | Are passwords used to gain access to the device? |
| | Are passwords used to gain access through applications using data above? |
| | If Yes then what/which systems: |
| 5. | Is any of the data from non-Clemson entities |
| | If Yes Who: |

| V | Backup and Data Security | |
|----|------------------------------------------------------------------------------------------|------|
| 1. | * Is the data backed up? | |
| | ☐ Yes | |
| | ☐ No Is data backed up on Clemson Network Resources? (servers, network storage) ☐ Yes | 🗌 No |

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Office of Information Security

For assistance contact OIS <u>security@clemson.edu</u>

| https://ccit.clemson.edu/cybersecurity/ |
|-----------------------------------------|
|-----------------------------------------|

| 2. | If you are not backing up to network storage space, what backup method was used (e.g., CD, USB, tape |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------|
| | drive, cloud storage)? |
| 3. | Is the Computing Device Encrypted? |
| | File and Folder? |
| | Whole disk encryption? |
| | If Yes, then what was used for encryption? (PGP, TrueCrypt, etc) |
| 4. | If known, what are the directories and/or files where data containing sensitive or confidential data are potentially located on the computer? |
| 5. | Has any attempts been made to remotely wipe the lost asset? |

Employees of Clemson University, or individuals reporting a loss of a university owned or purchased asset, your signature below indicates that the above information is accurate and correct to the best of your knowledge at the time of submitting this report. Even those employees who are reporting a loss of a personal asset, but one that is used to access or store university data may use this form for reporting purposes.

Date: _____ Signature: _____

Printed: