

Appendix A

INCIDENT DISCOVERY REPORTING FORM

The local Support shall use this form to record the discovery of an incident that involves or may involve a compromise to the security or integrity of Company confidential information or any nonpublic personal information. The completed form may be sent electronically to the Chief Privacy Officer at mwyne@ryanbts.com.

REPORTER CONTACT INFORMATION

Name _____ Date/Time _____
Title _____
Organization/Relationship to
Company _____
Direct-Dial Phone _____ E-mail _____

INCIDENT LOCATION AND SITE CONTACT INFORMATION

Person/Location/Site(s)
Involved _____
Application, Systems, Vendors _____
Street Address _____
City _____ State _____ ZIP _____
Main Telephone _____ Fax _____
ISP Contact Information _____

DATE/TIME OF INCIDENT DISCOVERY

Date _____ Time _____
Information _____

INCIDENT DESCRIPTION (include all known details)

APPARENT IMPACT (on systems, files, selected information, individuals, etc.)

CORRECTIVE ACTIONS TO DATE (IF ANY)

Date: _____