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| **Information Security and Risk Assessment** | | | | | | | | | | | | |
| **Purpose:**  The purpose of this Information Security and Risk Assessment is to identify potential information privacy and security risks for University initiatives that may use, access, or store personal or sensitive information.  **Instructions:**  Please refer to the [University of Guelph Data Storage Guidelines](https://www.uoguelph.ca/ccs/sites/uoguelph.ca.ccs/files/InfoSec_Data%20Storage%20Guidelines%20-%20FINAL2018.pdf) and the [Security Assessment Process](https://www.uoguelph.ca/ccs/infosec/securityassessment) before completing this form.   * Complete this form * Have the vendor complete the security assessment questionnaire or HECVAT * Submit the complete form and questionnaire, along with any other supporting documentation to CCS Information Security ([infosec@uoguelph.ca](mailto:infosec@uoguelph.ca?subject=Information%20Security%20Privacy%20and%20Risk%20Assessment%20Request)). | | | | | | | | | | | | |
| **Section 1 - Contact Information** | | | | | | | | | | | | |
| **Name:** | | | | **Position Title:** | | | | | | | | |
| **Email:** | | | | **Department/Faculty Name:** | | | | | **Telephone:** | | | |
| **Section 2 - Initiative Information** | | | | | | | | | | | | |
| **Initiative Name:** | | | | **Start Date (YYYY-MM-DD):**  Unknown | | | | | **End Date (YYYY-MM-DD):**  Unknown | | | |
| **What is the scope of the initiative? *(Check one)***   |  |  | | --- | --- | | Institutional | Faculty | | Departmental | Course | | Group | Individual | | | | | **Are you the Initiative Sponsor?**   |  |  | | --- | --- | | Yes | No | | | | | | **Sponsor Name (if applicable):** | | | |
| **Sponsor Email (if applicable):** | | | | | | | | |
| **Describe the purpose:** | | | | | | | | | | | | |
| **Describe the scope:** | | | | | | | | | | | | |
| **Describe any key objectives:** | | | | | | | | | | | | |
| **Describe any impacted business processes:** | | | | | | | | | | | | |
| **Describe any other dependencies:** | | | | | | | | | | | | |
| **Section 3 - Third Party Information** | | | | | | | | | | | | |
| **Will this initiative potentially involve a third-party service provider or vendor?** *(Check one)*   |  |  | | --- | --- | | Yes | No |   If Yes, please provide any available information about the third party below. *(Add or remove rows from the table as required)* | | | | | | | | | | | | |
|  | **Third Party Name** | | | **Product or Service Name(s):** | | | | | | **Website (URL):** | | |
| **1.** |  | | |  | | | | | |  | | |
| **2.** |  | | |  | | | | | |  | | |
| **Section 4 - Confidentiality of Information** | | | | | | | | | | | | |
| **Identify the information (including personal information[[1]](#footnote-1) or sensitive information) to be collected, stored, retained, shared, disclosed, processed or transmitted.** *For records classification and retention schedule information, please see the University of Guelph* [*Records Management website*](mailto:Records%20Management%20website) *or contact the University Secretariat (*[*univsec@uoguelph.ca*](mailto:univsec@uoguelph.ca)*).* *(Add or remove rows from the table as required)* | | | | | | | | | | | | |
|  | **Attributes / Data Fields / Description of Personal or Sensitive Information** | | **Use of Information** | | | | | | | | | |
| **Collect** | | **Store/**  **Retain** | **Share/**  **Disclose** | | **Process** | | | | **Transmit** |
| **1.** |  | |  | |  |  | |  | | | |  |
| **2.** |  | |  | |  |  | |  | | | |  |
| **3.** |  | |  | |  |  | |  | | | |  |
| **What is the highest confidentiality classification of the information?** *(Check one)*  *Please See* [*University of Guelph Data Storage Guidelines*](https://www.uoguelph.ca/ccs/sites/uoguelph.ca.ccs/files/InfoSec_Data%20Storage%20Guidelines%20-%20FINAL2018.pdf) *for definitions.*   |  |  |  |  | | --- | --- | --- | --- | | Restricted (S4) | Confidential (S3) | Internal (S2) | Public (S1) | | | | | | | | | | | | | |
| **What record types will be collected, stored, retained, shared, disclosed, processed, or transmitted?** *(Check all that apply)*   |  |  |  |  | | --- | --- | --- | --- | | Undergraduate Students | Open Education Students | Staff | Alumni | | Graduate Students | Faculty | Retirees | Other | | | | | | | | | | | | | |
| **How many records will be collected, stored, retained, shared, disclosed, processed, or transmitted?** *(Check one)*   |  |  |  |  | | --- | --- | --- | --- | | 0-100 | 1,000 – 10,000 | 20,000 – 50,000 | 100,000+ | | 101 - 1,000 | 10,000 – 20,000 | 50,000 – 100,000 | Unknown / Need Assistance | | | | | | | | | | | | | |
| **Will the information be aggregated, anonymized or de-identified?** *(Check one)*   |  |  |  |  | | --- | --- | --- | --- | | Yes | No | Unknown / Need assistance |  | | | | | | | | | | | | | |
| **Identify or describe the method, process or procedure for aggregating, anonymizing or de-identifying the information (if applicable):** | | | | | | | | | | | | |
| **Section 5 - Technology Information** | | | | | | | | | | | | |
| **What type(s) of technology solutions are being considered?** *(Check one from each)*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Infrastructure** | Local infrastructure | External infrastructure | None | Unknown / Need assistance | | **Hosting** | Local hosting | External hosting | None | Unknown / Need assistance | | **Software** | Locally developed | Packaged software or cloud service | None | Unknown / Need assistance | | | | | | | | | | | | | |
| **Identify or describe any other required devices, equipment, hardware or technology:** | | | | | | | | | | | | |
| **Section 6 - Compliance** | | | | | | | | | | | | |
| **Will the initiative involve personal health information or medical records (e.g. PHIPA)?** *(Check one)*   |  |  |  |  | | --- | --- | --- | --- | | Yes | No | Unknown / Need assistance |  | | | | | | | | | | | | | |
| **Will the initiative involve credit card, debit or other payment information (e.g. PCI-DSS)?** *(Check one)*   |  |  |  |  | | --- | --- | --- | --- | | Yes | No | Unknown / Need assistance |  | | | | | | | | | | | | | |
| **Individuals and organizations registered in Public Services and Procurement Canada’s Controlled Goods Program are required to safeguard their controlled goods (including associated controlled goods technical data) from any unauthorized examination, possession, or transfer pursuant to the** [**Defence Production Act**](https://laws-lois.justice.gc.ca/eng/acts/D-1/) **and the** [**Controlled Goods Regulations**](https://laws-lois.justice.gc.ca/eng/regulations/SOR-2001-32/)**.**  **Is this project related the Canadian Controlled Goods Program, or store any data related to** [**controlled goods**](https://www.tpsgc-pwgsc.gc.ca/pmc-cgp/quellessont-whatare-eng.html)**?** *(Check one)*   |  |  |  |  | | --- | --- | --- | --- | | Yes | No | Unknown / Need assistance |  | | | | | | | | | | | | | |
| **Identify or describe any other applicable agreements, contracts, laws or regulations:** | | | | | | | | | | | | |
| **Section 7 - Attachments** | | | | | | | | | | | | |
| Please list any attachments that are being submitted with this assessment. *(Add or remove rows from the table as required)* | | | | | | | | | | | | |
|  | **Attachment Name** | **Description of Attachment** | | | | | | | | | | |
| **1.** |  |  | | | | | | | | | | |
| **2.** |  |  | | | | | | | | | | |
| **3.** |  |  | | | | | | | | | | |
| **Section 8 - Submission** | | | | | | | | | | | | |
| **Name:** | | **Signature:** | | | | | **Position Title:** | | | | **Date (YYYY-MM-DD):** | |

**Submit completed form along with the vendor completed questionnaire or HECVAT,   
and any other supporting documentation to CCS Information Security**

**(**[**infosec@uoguelph.ca**](mailto:infosec@uoguelph.ca?subject=Information%20Security%20Privacy%20and%20Risk%20Assessment%20Request)**)**

1. Personal information is information about an identifiable individual, including things such as name, contact information, age, gender, national or ethnic origin, student number, grades, academic standing, financial information, etc. [↑](#footnote-ref-1)