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| **Technology Risk Assessment Intake** | | |
| **Purpose:** The purpose of this Technology Risk Assessment Intake is to identify potential information privacy and security risks for University of Regina initiatives that may use personal or sensitive information.  **Instructions:** Complete and submit this form to [trmc@uregina.ca](mailto:trmc@uregina.ca) | *This section to be completed by Information Security.* | |
| **Case ID:** | Click here to enter text. |
| **Form Received Date** | Click here to enter a date. |
| **Form Version** | 1.8 |

**Does your initiative involve any of the following units:**

|  |  |  |  |
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|  | **Yes** | **No** | **Comments** |
| **Privacy Office** |  |  |  |
| **Library/RIMS** |  |  |  |
| **Financial Service** |  |  |  |
| **Supply Management** |  |  |  |

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| **Section 1: Your Information** | | | |
| **Name:** | Click here to enter text. | **Position/Title:** | Click here to enter text. |
| **Email:** | Click here to enter text. | **Faculty/Department/Unit:** | Click here to enter text. |
| **Phone:** | Click here to enter text. |

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| **Section 2: Initiative Information** | | | |
| **Initiative Name:** | Click here to enter text. | | |
| **Initiative Start Date:** | Click here to enter a date. | **Initiative End Date:** | Click here to enter a date. |
| **Initiative Sponsor Name:** | Click here to enter text. | **Initiative Sponsor Email:** | Click here to enter text. |
| **Initiative Sponsor Position/Title:** | Click here to enter text. | **Initiative Sponsor Faculty/Department/Unit:** | Click here to enter text. |
| **Initiative Scope:** | Institutional | Faculty | Departmental |
| Unit/Group | Course | Individual |
| **Describe initiative including purpose, scope and target users:** | Click here to enter text. | | |
| **Describe key objectives:** | Click here to enter text. | | |
| **Describe key business processes:** | Click here to enter text. | | |
| **Describe any dependencies:** | Click here to enter text. | | |
| **Require use of any existing information at U of R or integrations?** | Click here to enter text. | | |
| **Describe if this initiative replaces another existing solution?** | Click here to enter text. | | |

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| **Section 3: Technology Information** | | | | |
| **What type(s) of technology solutions are being considered?** *(Check one or more applicable solutions from each row)* | | | | |
| **Infrastructure** | Local Infrastructure | External Infrastructure | None | Unknown |
| **Hosting** | Local Hosting | External Hosting | None | Unknown |
| **Software** | Locally Developed | Packaged Software | None | Unknown |
| **Identify or describe any other required devices, equipment, software, or technology:** | | Click here to enter text. | | |

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| **Section 4: Third Party Information** | | | | | | | | |
| **Will this initiative involve a third-party service provider or vendor?** *(Check one)* | | | | | | | | |
| Yes | | | No | | | |  | |
| If yes, please provide information on third party, below (*One party per row*). | | | | | | | | |
| **Third Party Name** | **Product/Service** | | | **Purpose/Requirement** | | | | **Website (URL)** |
| Click here to enter text. | Click here to enter text. | | | Click here to enter text. | | | | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | | | Click here to enter text. | | | | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | | | Click here to enter text. | | | | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | | | Click here to enter text. | | | | Click here to enter text. |
| **Section 5: Policy and Legislative Requirements** | | | | | | | | |
| **Is a procurement of the initiative required?** | | | | | | | | |
| Yes | | No | | | Other (describe):  Click here to enter text. | | | |
| **Is University of Regina Supply Management Services engaged for the initiative’s procurement? If not, please provide a brief description of why.** | | | | | | | | |
| Yes | | No | | | Other (describe): | | | |
| Click here to enter text. | | | | | | | | |
| **Is an agreement or contract required between the initiative sponsor and any third party required for the provisioning of this initiative?** | | | | | | | | |
| Yes | | No | | | Other (describe):  Click here to enter text. | | | |
| **Is personally identifiable information being collected, stored, transmitted, or processed within the scope of the initiative?** *(i.e. Is the provincial legislation of The Local Authority Freedom of Information and Projection of Privacy Act (LA-FOIP) in scope?):* | | | | | | | | |
| Yes | | No | | | | Other (describe): | | |
| **Is personally identifiable information being collected, stored, transmitted, or processed within the scope of the initiative by a private sector organization that conducts business in Canada?** *(i.e. Is the federal legislation of the Personal Information and Electronic Documents Act (PIPEDA) in scope?):* | | | | | | | | |
| Yes | | No | | | | Other (describe):  Click here to enter text. | | |
| **Is personal health information being collected, stored, transmitted, or processed within the scope of the initiative?** *(i.e. Is the provincial legislation of the Health Information Protection Act (HIPA) in scope?):* | | | | | | | | |
| Yes | | No | | | | Other (describe):  Click here to enter text. | | |
| **Is sending of commercial electronic messages in scope of the scope of the initiative?** *(i.e. Is the federal legislation of the Canadian Anti-Spam Legislation (CASL) in scope?):* | | | | | | | | |
| Yes | | No | | | | Other (describe):  Click here to enter text. | | |
| **Is payment accepted in scope of the initiative?** | | | | | | | | |
| Yes | | No | | | | Other (describe):  Click here to enter text. | | |
| **If payment is accepted in scope of the initiative, what types of payment will be utilized?** | | | | | | | | |
| Cash | | Debit/Interac | | | | Other (describe):  Click here to enter text. | | |
| Credit Card | | Cheque | | | | Note: Payment Card Industry Data security standards are applicable for credit/debit card transactions. | | |
| **If payment services are in scope of the initiative, will the collection of financial data (customer name, address, account balance, or credit card number, expiry date, CCV, etc.) information be collected?** | | | | | | | | |
| Yes (describe):  Click here to enter text. | | No | | | | Other (describe):  Click here to enter text. | | |
| **Does the data in scope of this initiative have an associated Records and Information Management Retention schedule? (i.e. https://library.uregina.ca/rim/record-schedules)?** | | | | | | | | |
| Yes (describe):  Click here to enter text. | | No | | | | Other (describe):  Click here to enter text. | | |
| **Does the initiative utilize centralized authentication services (authentication via Uregina.ca usernames and passwords)?** | | | | | | | | |
| Yes (describe):  Click here to enter text. | | No | | | | Other (describe):  Click here to enter text. | | |
| **Is the initiative required or mandatory for target users (i.e. users have no ability to opt out of the initiative)?** | | | | | | | | |
| Yes (describe):  Click here to enter text. | | No | | | | Other (describe):  Click here to enter text. | | |
| **Are target users made aware of what data is collected and how it is used?** | | | | | | | | |
| Yes (describe):  Click here to enter text. | | No | | | | Other (describe):  Click here to enter text. | | |

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| **Section 6: Data Classification and Confidentiality** | | | | | | | | | | | | |
| **What is the maximum number of records to be collected, stored, retained, shared, disclosed, processed, or transmitted?** *(Check one)* | | | | | | | | | | | | |
| 0-100 | 101-1,000 | | 1,001-10,000 | | | 10,001-100,000 | | | | 100,001-1,000,000 | | |
| 1,000,001-10,000,000 | 10,000,000+ | | Unknown | | | Other (describe): Click here to enter text. | | | | | | |
| **What is the maximum number of users that will have access to the information?** *(Check one)* | | | | | | | | | | | | |
| 0-100 | 101-1,000 | | 1,001-10,000 | | | Unknown | | | | 100,001-1,000,000 | | |
| Other (describe): Click here to enter text. | | | | | | | | | | | | |
| **Identify the information in scope of the initiative, the risk category of the data, and how it is used.**  *Low Risk = Public Data, Medium Risk=Personal Data, High Risk=Financial, Credit Card Numbers, Health Records* | | | | | | | | | | | | |
| **Attributes / Data Fields / Description of Personal/ Financial/ Health / Sensitive Data** | | | **Risk Classification** | | **Collect** | | **Store/ Retain** | **Share/ Disclose** | | | **Process** | **Transmit** |
| Click here to enter text. | | | Choose an item. | |  | |  |  | | |  |  |
| Click here to enter text. | | | Choose an item. | |  | |  |  | | |  |  |
| Click here to enter text. | | | Choose an item. | |  | |  |  | | |  |  |
| Click here to enter text. | | | Choose an item. | |  | |  |  | | |  |  |
| Click here to enter text. | | | Choose an item. | |  | |  |  | | |  |  |
| Click here to enter text. | | | Choose an item. | |  | |  |  | | |  |  |
| Click here to enter text. | | | Choose an item. | |  | |  |  | | |  |  |
| **What is the highest risk classification of data in scope of the initiative?** *(Check one)* | | | | | | | | | | | | |
| Low | | Medium | | High | | | | | Unknown | | | |
| **Will the data be aggregated, anonymized, or de-identified** *(Check one)* | | | | | | | | | | | | |
| Yes | | No | | Other (describe): Click here to enter text. | | | | | | | | |
| **Identify or describe impact to the sponsoring department/unit/faculty if the information utilized in the initiative is no longer confidential and is accessed without authorization or becomes public?** | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | |
| **Identify or describe impact to the University as a whole if the information utilized in the initiative is no longer confidential and is accessed without authorization or becomes public?** | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | |

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| **Section 7: Information Lifecycle and Integrity of Information** | | | | | | | | | | |
| **Which method(s) will be used to collect information for the initiative?** *(Check all which apply)* | | | | | | | | | | |
| In Person | Paper | | Electronically (collects new info) | | Electronically (uses existing info) | | | | Other (describe):  Click here to enter text. | |
| **Which method(s) will be used to store information for the initiative?** *(Check all which apply)* | | | | | | | | | | |
| In Person | Paper | | Electronically (stores new info) | | Electronically (stores existing info) | | | | Other (describe):  Click here to enter text. | |
| **Which method(s) will be used to share/disclose information for the initiative?** *(Check all which apply)* | | | | | | | | | | |
| In Person | Paper | | Electronically (shares new info) | | Electronically (shares existing info) | | | | Other (describe):  Click here to enter text. | |
| **Which method(s) will be used to transmit information for the initiative?** *(Check all which apply)* | | | | | | | | | | |
| In Person | Paper | | Electronically (transmits new info) | | Electronically (transmits existing info) | | | | Other (describe):  Click here to enter text. | |
| **Will this initiative be the authoritative source for any University records?** *(Check one)* | | | | | | | | | | |
| Yes | | | | No | | | |  | | |
| If yes, what attributes/data/information this initiative will be the authoritative system for, and identify the information owner, information custodian for this authoritative record. | | | | | | | | | | |
| **Authoritative Information** | | | | **Information Owner** | | | **Information Owner** | | | |
| Click here to enter text. | | | | Click here to enter text. | | | Click here to enter text. | | | |
| Click here to enter text. | | | | Click here to enter text. | | | Click here to enter text. | | | |
| Click here to enter text. | | | | Click here to enter text. | | | Click here to enter text. | | | |
| Click here to enter text. | | | | Click here to enter text. | | | Click here to enter text. | | | |
| **Will this initiative involve or utilize authoritative University records from any other systems?** *(Check one)* | | | | | | | | | | |
| Yes | | | | No | | | |  | | |
| If yes, what authoritative attributes/data/information will be used in this initiative, identify the authoritative information owner, information custodian, and source data system for such authoritative record(s). | | | | | | | | | | |
| **Authoritative Information** | | **Information Owner** | | | | **Information Owner** | | | | **Authoritative Source System** |
| Click here to enter text. | | Click here to enter text. | | | | Click here to enter text. | | | | Click here to enter text. |
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| Click here to enter text. | | Click here to enter text. | | | | Click here to enter text. | | | | Click here to enter text. |
| **Identify or describe impact to the sponsoring department/unit/faculty if the information utilized in the initiative is altered without authorization or becomes inaccurate?** | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | |
| **Identify or describe impact to the University as a whole if the information utilized in the initiative is altered without authorization or becomes inaccurate?** | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | |

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| **Section 8: Availability Requirements** | | |
| **What is the level of availability required?** | | |
| 24/7 | During Business Hours | Other (describe):  Click here to enter text. |
| **How often is the initiative planned to be used?** | | |
| On Going / Year Round | Periodically (i.e. Once Per Semester) | Other (describe):  Click here to enter text. |
| **Identify or describe impact of any unplanned downtime or outages to the sponsoring department/unit/faculty?** | | |
| Click here to enter text. | | |
| **Identify or describe impact of any unplanned downtime or outages to the University as a whole?** | | |
| Click here to enter text. | | |

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| **Section 9: Additional Information** | | |
| **Provide any additional information about this initiative which may be relevant from a security or privacy perspective.** | | |
| Click here to enter text. | |  |
| Please list any attachments that are being submitted with this intake form (*such as vendor provided security documentation*). | | |
| **Attachment Name** | **Description of Attachment** | |
| Click here to enter text. | Click here to enter text. | |
| Click here to enter text. | Click here to enter text. | |
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| **Section 10: Submission** | | | |
| **Name:** | Click here to enter text. | **Position/Title:** | Click here to enter text. |
| **Email:** | Click here to enter text. | **Faculty/Department/Unit:** | Click here to enter text. |
| **Date:** | Click here to enter a date. |

**Please submit completed form to:** [trmc@uregina.ca](mailto:trmc@uregina.ca)

**Distribution & Review completed:**

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|  | **Yes** | **No** | **N/A** | **Comments** |
| **Information Services** |  |  |  |  |
| **Privacy Office** |  |  |  |  |
| **Library/RIMS** |  |  |  |  |
| **Financial Service** |  |  |  |  |
| **Supply Management** |  |  |  |  |