

**CONTROLLED GOODS PROGRAM  
SECURITY BREACH REPORT**

(As per paragraph 10 (h) of the Controlled Goods Regulations security breaches must be reported within three days after the day of discovery)

Use "NA" if not applicable, as scenarios vary. **Fields marked with \*** are mandatory.**Privacy notice**

The information requested is collected by the Controlled Goods Program to determine the current and ongoing entitlement of your company to register with the Controlled Goods Program. The information is collected under the authority of the [Defence Production Act](#) and the [Controlled Goods Regulations](#).

Refusal to provide personal information or the provision of incorrect information will result in you being prohibited from examining, possessing, or transferring items identified in the Controlled Goods List contained in the Schedule to the *Defence Production Act*.

Your personal information is used, protected, or disclosed in accordance with the [Privacy Act](#) and is described in the Personal Information Bank, Controlled Goods Program, [PWGSC PPU 045](#). Under the *Privacy Act*, you have the right to access your personal information and to request corrections if you believe that your personal information is inaccurate or incomplete. The personal information provided in this form will be retained for a period of 5 years after the last administrative action, and then destroyed.

If you require clarification about this privacy notice, you may contact the Public Services and Procurement Canada's Access to Information and Privacy Directorate by email at [TPSGC.ViePrivee-Privacy.PWGSC@tpsc-pwgsc.gc.ca](mailto:TPSGC.ViePrivee-Privacy.PWGSC@tpsc-pwgsc.gc.ca). If you are not satisfied with the response to your privacy concern or if you want to file a complaint about the handling of your personal information, you may wish to contact the [Office of the Privacy Commissioner of Canada](#).

**A - Identification****Legal name of business subject to the security breach \*****Head office civic address \*****Controlled Goods Program  
Registration Number****B - Reported by****Surname \***   **Given name \***   **Title \***   **Telephone \*****E-mail**   **Date (year-month-day) \*****C - Breach reporting****Type of Breach:** (Choose all that apply)

Loss of controlled goods

Theft of controlled goods

Unauthorized access

Willful damage to a controlled good

Willful tempering of a controlled good

Computer hacking or cyber attack

Transfer of controlled goods to an unauthorized person

Other

**Date and time the breach occurred****Date (year-month-day) \*****Time (00:00)****Location the breach occurred \***

**Description of the controlled goods involved**

Refer to the [guide to the Schedule to the Defence Production Act](#)<sup>1</sup> to populate the first two columns of the table below. Refer to the [United States Munitions List—part 121 of the United States International Traffic in Arms Regulations](#) (ITAR) to populate the last two columns of the table below, listing the category number to its greatest extent.

Use "N/A" if not applicable, as scenarios vary. **DO NOT** leave any table cells blank.

Schedule/ Export Control List (ECL) number	Schedule Control Text Description of Controlled Goods	Controlled under ITAR?	USML Category Number
		Yes      No	

**Owner(s) of the controlled goods** (If more than one owner, enter details in section D) \*

**Person contacted Yes      No**

(If you are not the owner, check the box to confirm that you have contacted the owner and complete following information. If more than one person contacted, enter details in section D)

Surname	Given name	Title	Telephone Number
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**Criminal activity report**  
(Attach police report if available)

**Nature of crime** (Choose all that apply)

Unlawful entry

Theft

Hacking

Other \_\_\_\_\_

**Police contacted Yes      No**

Name of police agency	Police file number	Name of investigator
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1. Note that the Schedule will take precedence where there is a discrepancy between the Schedule and the guide to the Schedule.



**D – Summary of the security breach** (Please use a separate sheet if necessary) \*

**E – Action or corrective measures undertaken**

Provide a brief explanation to identify the corrective measures to prevent reoccurrence. \*

**Contact the Controlled Goods Program**

**Telephone:**

Toll-free number: 1-866-368-4646  
National Capital Region: 613-948-4176

**Email:**

[dmc-cqd@tpsgc-pwgsc.gc.ca](mailto:dmc-cqd@tpsgc-pwgsc.gc.ca)

**Fax:**

613-948-1722

**Mail and courier:**

Public Services and Procurement Canada  
Controlled Goods Program  
Program Management and Learning Division  
Mail stop 33-1  
130-161 Goldenrod Driveway  
Ottawa, ON K1A 0S5