



Annual PCI Self-Assessment Questionnaire (SAQ) Supplement

This supplement captures information the campus needs that the PCI Council SAQ does not or that is typically missed on the SAQ form. If you have any questions on this or the SAQ itself, please contact pci@admin.umass.edu or call Patty Roper at 577-3045

SUBMIT THIS SUPPLEMENT WITH EACH SAQ TO PCI@ADMIN.UMASS.EDU.

1. Department Information

- a. Department Name _____
- b. Name of individual filling out the SAQ _____
 - i. Contact email _____
 - ii. Contact phone _____
- c. Business description covered by this SAQ, including store number and vendor, if applicable

- d. Name and title of person who will attest to the SAQ on the SAQ form

2. How do you accept credit cards?

- Phone Fax
- Mail In Person
- Online

- a. If Fax, explain how your fax is secured

3. Is any part of credit card data stored before the transaction is processed? This could include cardholder name, card number, expiration date, security code (CVV etc).

- NO YES. Explain how and where stored:

4. Who has access to credit card data? (This includes anyone who has access to transient CC data stored before processing such as, but not limited to, access to a safe, locked drawer/file cabinet, fax, opening mail)

5. POS terminal information, if applicable

a. Explain how the POS terminal(s) are secured when not in use

b. Explain your process to inspect your terminal for tampering

c. Submit a sample of your daily inspection log with your SAQ

d. Provide the terminal information below for each of your terminals (if you have more than can fit, you can submit a separate spreadsheet with your SAQ)

STORE NUMBER	LOCATION	TERMINAL ID	SERIAL NUMBER	RESPONSIBLE INDIVIDUAL

6. If you use software licensed/purchased from a vendor, provide the following information for each vendor covered by this supplement

STORE NUMBER, if applicable	VENDOR NAME	ORIGINAL CONTRACT DATE	MOST RECENT PO NUMBER