

Summary

Service Provider Summary Worksheet					
	Name of Service Provider	Services Provided	PCI DSS Requirements involved	Does agreement contain PCI DSS Language	Date of Last Review Completed
1					
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Checklist

Names of Service Provider:				
Date:				
	Inspection Criteria	Yes	No	Comment
1	Is there a current contract in force with this service provider that requires them to store, process, and transmit cardholder data in a PCI DSS compliant Manner?			
2	Did the service provider provide references and have they been checked?			
3	Was an internet search conducted to see if the vendor has suffered a recent security incident or has pending litigation for non-performance of contract?			
4	Was a copy of the service providers SSAE 16 review provided?			
5	Which PCI DSS Requirements are being managed by this service provider:			
6	Requirement 1 - Install and maintain a firewall configuration to protect cardholder data			
7	Requirement 2 - Do not use vendor supplied default for system passwords and other security parameters			

8	Requirement 3 - Protect stored cardholder data			
9	Requirement 4 - Encrypt transmission of cardholder data over open (public) networks			
10	Requirement 5 - Protect all systems against malware and regularly update anti-virus software programs			
11	Requirement 6 - Develop and maintain secure systems and applications			
12	Requirement 7 - Restrict access to cardholder data by business need to know			
13	Requirement 8 - Identify and authenticate access to system components			
14	Requirement 9 - Restrict physical access to cardholder data			
15	Requirement 10 - Track and monitor all access to network resources and cardholder data			
16	Requirement 11 - Regularly test security systems and processes			
17	Requirement 12 - maintain a policy that addresses information security for all personnel			

18	Has this service provider provided an attestation of compliance that includes services listed above?			
19	Has this service provider provided written acknowledgement that they are responsible for maintaining compliance for the services above?			

Name of Reviewer: _____

Signature: _____

Date of Review: _____