KEFRI/F/ICT/08



**ICT Security Incident Report**

Instructions: This form is to be completed as soon as possible following the detection or reporting of an Information Communication & Technology (ICT) security incident. All items completed should be based on information that is currently available. This form may be updated and modified if necessary.

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| **1. Contact Information for this Incident** |
| Name: |  |
| Title: |  |
| Department/Division/Eco-Region/Center |  |
| Mobile Phone: |  |
| Email address: |  |
| **2. Incident Description**. |
| Provide a brief description: |
| **3. Impact / Potential Impact** Check all of the following that apply to this incident. |
| * Loss / Compromise of Data
* Damage to Systems
* System Downtime
* Financial Loss
* Other Organizations’ Systems Affected
* Damage to the Integrity or Delivery of Critical Goods, Services or Information
* Violation of legislation / regulation
* Unknown at this time
 |
| Provide a brief description:  |
| **4. Sensitivity of Data/Information Involved** Check all of the following that apply to this incident.

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| **Sensitivity of Data**  |

 |
| * Public
* Internal Use Only
 | * Restricted / Confidential (Privacy violation)
* Unknown / Other – please describe:
 |
| Provide a brief description of data that was compromised: |
| **5. Who Else Has Been Notified?**  |
| Provide Person and Title: |
| **6. What Steps Have Been Taken So Far?** Check all of the following that apply to this incident. |
| * No action taken
* System Disconnected from network
* Updated virus definitions & scanned system
 | * Restored backup from tape
* Log files examined (saved & secured)
* Other – please describe:
 |
| Provide a brief description:  |
| **7. Incident Details** |
| Date and Time the Incident was discovered: |  |
| Has the incident been resolved? |  |
| Physical location of affected system(s): |  |
| Number of sites affected by the incident: |  |
| Approximate number of systems affected by the incident: |  |
| Approximate number of users affected by the incident: |  |
| Are non-KEFRI systems, such a business partners, affected by the incident?(Y or N – if Yes, please describe) |  |
| Please provide any additional information that you feel is important but has not been provided elsewhere on this form. |  |

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| **Revision History** |
| **Date** | **Version** | **Description** | **Author** |
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| **Document Approval History** |
| **Approver Name** | **Designation** | **Signature** | **Date** |
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**Please submit this completed form to:**

ict@kefri.org