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| STANDARD |



CSIRT HealthNet

Incident Report Form

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| **General informations** | | | |
| Reference | 031 |  |  |
| Status | Validated | Version | 1.1 |
| Classification | Public | Responsible | DBA |
| Distribution | White | Valid from | 19/04/2016 |

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| --- | --- | --- | --- |
| **Reporter Identification** | | | |
| Name  *(Required)* |  | | |
| Surname  *(Required)* |  | | |
| Entity  *(Required)* |  | | |
| Email Address  *(Required)* |  | | |
| Telephone number  *(Required)* |  | | |
| What type of follow-up action are you requesting at this time?  *(Required)* | None, notification of a new vulnerability | | |
| From what time zone are you making this report?  *(Required)* | (GMT) Greenwich Mean Time; Dublin, Edinburgh, London | | |
| **Incident Identification** | | | |
| What is the impact to the targeted organization?  *(Required)* | Please select | | |
| Describe the current status or resolution of this incident.  *(Required)* | Please select | | |
| Was critical infrastructure (or system) impacted by this incident?  *(Required)* | Please select | | |
| What is the category of the incident?  *(Required)* | Please select | | |
| What is the approx. time the incident started?  *(local time)* | 09/10/2012 | 01: | 00 |
| When was this incident detected?  *(local time)* | 09/10/2012 | 01: | 00 |
| **Incident Details** | | | |
| Please provide a short description of the incident and impact. *(Required)* | | | |
|  | | | |
| Which systems are impacted by this incident *(how many, name(s), classification(s), location(s) and are they national or local systems) (Leave blank if Unknown)* | | | |
|  | | | |
| Was the data involved in this incident encrypted? | Please select | | |
| What was the primary method used to identify the incident? | Please select | | |
| Additional information *(free text, example: actions done)* | | | |
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