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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)* |
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| 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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