

Incident Containment Template

Details about the Affected Devices

Containment performed date: _____

Number of devices affected: _____

Name of the authorized personnel: _____

Isolation of Affected Devices

Command Decision Team approved removal from network? • YES • NO

If YES, date and time systems were removed: _____

If NO, state the reason: _____

Backup Affected Devices

System backup successful for all systems? • YES • NO

Who performed the backup: _____

Backup started on: Date _____ Time _____

Backup completed on: Date _____ Time _____

Whether the backup tapes sealed? • YES • NO Sealed Date: _____

Backup tapes are submitted to: _____

Location of the backup storage: _____

Disabling of the Accounts and Changing Passwords

Number of accounts disabled: _____

Are the account passwords changed? • YES • NO Password change date: _____

Are the system passwords changed? • YES • NO Password change date: _____

Additional Details

Signature: _____

Date: _____