

Incident Recovery Plan Template

Note: Prior to starting the incident recovery plan template, Section 1 and Section 2 must be filled with required information.

Section 1: Details of the organization	
Organization Name:	
Contact Number:	
Website:	
Address:	
<i>Additional Contact Information:</i>	

Section 2: Details of the document			
Title:		Reference:	
Status:		Total Pages:	
Title:		Version Details:	
Approved By:			
Reviewer Phone Number and Email:			
<i>Additional Details (If Any):</i>			

IT Statement of Intent

The IH&R team must consider this document for proceeding with the incident recovery process as this document describes the plans and procedures that are required for the effective recovery of the affected systems, networks, data, or any affected organizational asset. This document can be modified by authorized personnel only in case of any actual event and organizational requirements in compliance with the pre-defined organizational policies.

[*Organization's Name*] ensures the availability of systems and services along with minimum downtime for continuing the business processes with lesser impact in compliance with the organizational policies and legal obligations.

Objectives

The main objective of this recovery plan template is to ensure that the organization can recover from any security incident effectively and quickly with minimum disruptions and downtime. Additionally, all team members must understand their responsibilities properly before implementing this recovery plan and ensure adherence to organizational security policies.

Plan Overview

Backup Strategy

The team must implement proper backup strategies to minimize the overall downtime and allow critical business processes, systems, data, networks, and other assets to recover easily after any security incident. The team can use the below backup strategy form to improve their backup processes, which will facilitate quicker recovery.

Organizational Assets	Backup Strategy	Completed	Responsible Person	Contact Number
Systems		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Web Server		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Database Server		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Workstations		<input type="checkbox"/> Yes <input type="checkbox"/> No		
File Systems		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Operating Systems		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Others		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

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		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Incident Recovery Team

This team will be responsible for implementing the recovery plan effectively during the incident response process in an organization.

Provide the details of the IH&R team members who are prepared and trained for recovering the affected systems, network, and other organizational assets after a security incident.

Recovery Team Member	Responsibilities	Contact Number	Email	Reporting Manager

Recovery Plan for Systems

System Number: Serial Number: Model Name: Location:		
Overview		Additional Information (If any):
<i>OS Installed</i>		
<i>CPU</i>		
<i>Network Connected</i>		
<i>Location</i>		
<i>Memory</i>		
<i>HDD</i>		
<i>IP Address</i>		
<i>Associated Server</i>		
Business Applications Installed		
Important Contacts	<i>System Owner:</i> _____ <i>Software Vendor:</i> _____ <i>Hardware Vendor:</i> _____ <i>Administrator:</i> _____ <i>Storage Site:</i> _____ <i>Other contact (if any):</i> _____	
Backup Strategy Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	

Recovery Process	Scenario 1: <div></div>	Loss of Data or Hardware (If any):
	Recovery Source: <div></div>	
	Scenario 2: <div></div>	
	Recovery Source: <div></div>	
Assigned Team Member's Name: _____ Contact: _____		
Recovery Status:	Signature:	Date:

Recovery Plan for File Systems

Current date of the File System:	Summary <i>File System Name:</i> _____ <i>% Used:</i> _____ <i>Size:</i> _____	Additional Information (If any):
Backup for Recovery		
Backup Location		
Need to Create Directories? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If Yes, Provide Details:</i>		
Modification of Files		

Restoration of Critical Files		
Restoration of Secondary Files		
Other Files for Restoration		
Responsible Person		
Contact Number		
Email		
Reporting Manager		
Estimated Time of Completion		
Status		

Recovery Plan for Local Area Network (LAN)

LAN Details	Summary <i>Location:</i> _____ <i>Number of Devices Connected:</i> _____ <i>IP Range:</i> _____ <i>Current Status:</i> _____ <i>Other:</i> _____	Additional Information (If any):
Overview		
Associated Systems		
Associated Servers		
Applications Running		
Important Contacts	<i>System Owner:</i> _____ <i>Software Vendor:</i> _____ <i>Hardware Vendor:</i> _____ <i>Administrator:</i> _____ <i>Network Engineer:</i> _____ <i>Other Contact (If Any):</i> _____	
Backup Strategy Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	

Recovery Process	Scenario 1: <div></div>	Loss of Data or Hardware (If any):
	Recovery Source: <div></div>	
	Scenario 2: <div></div>	
	Recovery Source: <div></div>	
Assigned Team Member's Name: _____ Contact: _____		
Recovery Status:	Signature:	Date:

Recovery Plan for Servers

Server Number: Serial Number: Model Name:		
Overview		Additional Information (If any):
<i>OS Installed</i>		
<i>CPU</i>		
<i>Network Connected</i>		
<i>Location</i>		
<i>Memory</i>		

<i>HDD</i>		
<i>IP Address</i>		
<i>Associated Systems</i>		
Business Applications Installed		
Important Contacts	<i>Server Admin:</i> _____ <i>Software Vendor:</i> _____ <i>Hardware Vendor:</i> _____ <i>Network Admin:</i> _____ <i>Storage Site:</i> _____ <i>Other Contact (If Any):</i> _____	
Backup Strategy Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Recovery Process	Scenario 1: <div style="border: 1px solid black; height: 80px; margin-bottom: 10px;"></div> Recovery Source: <div style="border: 1px solid black; height: 40px; margin-bottom: 10px;"></div> Scenario 2: <div style="border: 1px solid black; height: 80px; margin-bottom: 10px;"></div> Recovery Source: <div style="border: 1px solid black; height: 40px;"></div>	Loss of Data or Hardware (If any):
Assigned Team Member's Name: _____ Contact: _____		

Recovery Status:	Signature:	Date:
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