

Incident Impact Assessment Report Template

REPORTED BY: _____ DATE OF REPORT: _____

TITLE / ROLE: _____ INCIDENT NO.: _____

INCIDENT ASSESSMENT: NEGLIGIBLE: ☐ MINOR: ☐ SIGNIFICANT: ☐ CRITICAL: ☐

INFORMATION ABOUT THE SECURITY INCIDENT

Date and Time of Incident:

Incident Manager:

Title / Role:

Email:

Phone:

Location:

Incident Type:

Additional Contact Information:

No. of Hosts
Affected:

Source IP
Address:

IP Address:

Computer/
Host:

Operating
System:

Other
Applications:

DETAILS OF THE INCIDENT

Incident Description:**Impact Assessment:**

(including impact on the business functionality, sensitivity of the affected information, ability to handle and recover, etc.)

Resulting Damage:

(includes costs due to loss of confidential information, legal costs, labor costs, system downtime cost, installation cost, etc.)

Severity of the Incident:☐ Low☐ Moderate☐ High☐ Critical**Assets Affected by the Incident:****Immediate Action Taken:**

Planned Action and Resulting Preventive Measures:	
Additional Information:	

SECURITY INCIDENT INFORMATION SHARING		
DEPARTMENT REQUIRING NOTIFICATION	POINT OF CONTACT NAME	DATE OF NOTIFICATION

REPORTING STAFF NAME: _____ **REPORTING STAFF SIGNATURE:** _____ **DATE:** _____

SUPERVISOR NAME: _____ **SUPERVISOR SIGNATURE:** _____ **DATE:** _____