

Incident Ref. No.: _____

Preliminary Information Security Incident Report

Background Information		
Name of Bureau/Department (B/D):		
Brief Description on the Affected System (e.g., System Name, Function, URLs):		
Physical Location of the Affected System: <input type="checkbox"/> Within B/D <input type="checkbox"/> External service provider facility		
System Administered/Operated By: <input type="checkbox"/> In-house staff <input type="checkbox"/> End user <input type="checkbox"/> Outsourced service provider		
General Information		
Incident Number:	Date Reported:	Primary Contact:
Department:	Division:	Phone:
Reporting Entity Information		
Name:	Designation:	Department:
Office Contact:	24 hours Contact:	
Email Address (Notes address preferred):		
Incident Details		
Date/Time (Occurred):		
Date/Time (Discovered):	Date/Time (Reported to GIRO Standing Office):	
Incident Location:		

Description of the Incidents:

What Occurred: _____

Initial Findings (if any):

How Occurred: _____

Why Occurred: _____

Any Vulnerabilities Identified: _____

Category of the Incident:	<input type="checkbox"/> Abuse of information systems	<input type="checkbox"/> Compromise of information systems and data assets
	<input type="checkbox"/> Denial of service attack	<input type="checkbox"/> Leaking of classified data in electronic form
	<input type="checkbox"/> Masquerading	<input type="checkbox"/> Loss of mobile device or removable media that contain classified data
	<input type="checkbox"/> Massive malware infection	<input type="checkbox"/> Ransomware
	<input type="checkbox"/> Website defacement	<input type="checkbox"/> Inappropriate use of network resources
	<input type="checkbox"/> Copyright infringement	<input type="checkbox"/> Others:
Components/Assets Affected:	<input type="checkbox"/> Email System <input type="checkbox"/> Information / Data <input type="checkbox"/> Software <input type="checkbox"/> Others: _____	<input type="checkbox"/> Hardware <input type="checkbox"/> Network <input type="checkbox"/> Website
Details of Components/Assets Affected:		
Impact:	<input type="checkbox"/> Confidentiality <input type="checkbox"/> Availability <input type="checkbox"/> Others, please specify: _____	<input type="checkbox"/> Integrity <input type="checkbox"/> Government's image

Please Provide Details on the Impact and Service Interruption Period, if any:	
Severity of the Incident:	<input type="checkbox"/> Critical <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low
Current Status of the Incident:	
Is Personal Data Involved in the Incident?	<input type="checkbox"/> Yes, what does it involved: _____ <input type="checkbox"/> No
Type of Personal Data involved:	<input type="checkbox"/> Social Security number <input type="checkbox"/> Driver license number <input type="checkbox"/> Identification card <input type="checkbox"/> Financial account number and access code <input type="checkbox"/> Medical information <input type="checkbox"/> Residential Information <input type="checkbox"/> Others: _____
Internal Individuals/Entities Notified:	<input type="checkbox"/> Information System Manager <input type="checkbox"/> Information Coordinator <input type="checkbox"/> Incident Response Manager <input type="checkbox"/> ISIRT Commander <input type="checkbox"/> GIRO Standing Office <input type="checkbox"/> Others: _____
External Individuals/Entities Notified:	<input type="checkbox"/> CSTCB of the Police: _____ (Date/Time) <input type="checkbox"/> PCPD: _____ (Date/Time) <input type="checkbox"/> Others: _____ (Date/Time)
Actions Taken to Resolve Incident:	
Actions Planned to Resolve Incident:	
Outstanding Actions:	
Current System Status:	
Other Information:	

Media / Public Enquiry (If applicable)	
No. of Media Enquiries Received:	No. of Public Enquiries Received:

Review, Approval, and Signature

Signature: _____

Date / Time: _____

