Computer Security Incident Handling Forms

Incident Containment

Date Updated: __________

Isolate affected systems:

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

If YES, date and time systems were removed: ____________________________

If NO, state the reason: ____________________________________________

Backup affected systems:

System backup successful for all systems? • YES • NO

Name of persons who did backup: ____________________________

Date and time backups started: ____________________________

Date and time backups complete: ____________________________

Backup tapes sealed? • YES • NO

Backup tapes turned over to: ____________________________

Signature: ____________________________ Date: ____________________________

Backup Storage Location: ____________________________