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   Seal Date: _____

Backup tapes turned over to:_____

Signature:_____ Date: _____

Backup Storage Location: _____