INCIDENT SURVEY

Location(s) of affected systems:

Date and time incident handlers arrived at site:

Describe affected information system(s) (one form per system is recommended):

Hardware Manufacturer:

Serial Number:

Corporate Property Number (if applicable):

Is the affected system connected to a network? • YES • NO

System Name:

System Network Address:

MAC Address:

Is the affected system connected to a modem? • YES • NO

Phone Number:

Describe the physical security of the location of affected information systems (locks, security alarms, building access, etcetera):

Prepared By: Greg Jones