

INCIDENT SURVEY

DATE UPDATED: _____

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):

