Section 1

Point of Contact Information

Name: _______________________________________________
Title: _______________________________________________
Telephone/Fax Number: ___________________________________
E-mail: _______________________________________________
Program Area: ___________________________________________

Section 2

Incident Information

Date/Time Incident was discovered: _____/_____/_____
Type of Incident:

Intrusion: _______ System Impairment: _______
Unauthorized root access: _______ Denial of Service: _______
Compromise of system integrity: _______ Web site defacement: _______
Theft: _______ Hoax: _______
Other: ____________________________ Damage: _______

Observed Behavior: _______________________________________________

Unusual Circumstances: _______________________________________________

MSDH Inventory Number: __________________________
Device ID/Machine Name: __________________________
Mississippi State Department of Health
Office of Health Informatics
Security Incident Report
Form No. 863

Section 3

Security Incident Response

Security Response Team:

_________________________________________________

_________________________________________________

_________________________________________________

Please circle correct response

Incident: Actual Security Breach  Caused by other circumstances

Document steps taken:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Respond back to Incident Reporter: Y or N