

**Mississippi State Department of Health
Office of Health Informatics
Security Incident Report
Form No. 863**

Report Date/Time: ____/____/____

Report Taken By: _____

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: _____

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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