SLCERT



In	cide	nt Report Form						
1		Reporter's Information						
	1.1	First Name		(Miss.	, Mrs., Mr.)			
	1.2	Last Name						
	1.3	Email						
	1.4	Telephone						
	1.5	Fax						
	1.6	Company / Organization N	lame					
	1.7	Business Sector (Select only 3	1)					
		State		Private		☐ Semi government		
	1.8	Company / Organization Address						
		,						
2		Information About the Inc	ident		1			
	2.1	Incident Detection						
	2.2	<u>I</u>	mm	dd	yyyy (Calaat all	amiliarlia antiqua)		
	2.2							
			IDS Sy	stem				
			Log Fil	le Analy	ysis			
			System Administrator's suspicions					
			User Complaints					
		П	3rd Party Notification					
		П		(Speci				
	2.2	True of Incident	•••••			(Oution al)		
	2.3	Type of Incident				(Optional)		

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	2.4	Details of I	Incident				
	2.5	Describe A	Any Actions Contain the				
		Incident	contain the				
3		Affected S	System Informati	on			
	3.1	Number of	f systems Affected	d			
	3.2	Type / Fu	nction of the Affe	cted System(s))		
			Application Ser	ver		Mail Server	
			Database Serve	r		Proxy Server	
			Desktop (End U	Jser)		Router	
			Domain Contro	oller		Switch	
			Domain Name	Server		Server	
			File Server			Time Server	
			Firewall			Web Server	
			Laptop			Other(Specify)	

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3.3	.3 Operating System(s) of the Affected System(s)							
		Apple Mac OS X		Mandrake Linux			Windows 9x/Me	
		Apple Mac OS 9.1 or earlier		Red Hat Linux			Windows NT 3.x/4.0	
		CISCO IOS		Slackware Lini	1X		Windows 2000 Professional	
		FreeBSD		Sun Solaris(En User)	d		Windows 2000 Server (Any)	
		NetBSD		SuSE Linux			Windows XP	
		OpenBSD		Novell			Windows 2003 Server	
		IBM AIX		SCO Unix			Unknown	
		Fedora Linux		SGI Irix			Other(Specify)	
3.4	Туре	of Logs maintain						
		System Logs		Security Logs			Access Logs	
		<u>, </u>		, ,				
4	Assistance Requested From SLCERT							
4.1	Assistance Requested From SLCERT							
	☐ Remote Support ☐ Coordination							
	☐ Onsite Incident Support ☐ Post Incident Consultancy							
4.2	Is There a Disaster Recovery / Business Continuity Plan in-place? (Select only one)							
	☐ Yes ☐ No							
4.3								
	☐ Critical ☐ Important							
	☐ Very Important ☐ Not so Important							
4.4	Maxin	num Time that accep						
		1		3	Hours	1	Day(s)	
4.5	Estima	nted Loss to the Orga	nizati	on			Rs.	
4.5	Estima	ated Cost of Recovery	7				Rs.	
I								

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Signature	Company Stamp
Data	
Date:	