

State of Nevada Information Security Committee

SECURITY INCIDENT REPORT

ref: Security Standard 108 (Security Incident Management)

SECTION 1

Type of Incident:

Start Date/Time:

Ending Date/Time:

Description of Incident:**

SECTION 2

Impact/Damage Sustained:**

Estimate of Financial Impact:**

Mitigation Action Taken:**

SECTION 3 (Office of Information Security Use Only)

Corrective Action Taken:**

Additional Preventative Action Recommended:**

Reporter:

Title:

Date:

Previous Reports on this Incident Dated:

** Expand on additional paper as necessary