

One Form per Affected System is Advised

ISOLATION ACTIVITIES PERFORMED

Did the Incident Handling Team Decide to Isolate the Affected Machine?

☐ YES☐ NO

Did the Incident Handling Team Need the Business Unit (IT) Manager to Proceed?

☐ YES☐ NO

Date of System's Isolation? (if applicable): _____

In What Way was the System Isolated? (if applicable): _____

BACK-UP ACTIVITIES PERFORMED

Was the System Restored Successfully?

☐ YES☐ NO

Incident Handler in Charge of System's Restoration:

Backup Image Used:

When was the System Restoration Started: _____

When was the System Restoration Completed: _____

Did the Business Unit Confirm the System is in Working Condition? ☐ YES ☐ NO

Signature:

Date:
