Digital Service Providers:

Incident Notification Form

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| Report Type | Date | NIS Reportable Incident |
| First Report  (no later than 72 hours of identifying incident) | Click here to enter a date. | Choose an item. |
| Interim Report  (optional) | Click here to enter a date. |  |
| Final Report  (optional, recommended within 7 days of resolving incident) | Click here to enter a date. |  |

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| Service Provider Details | | | |
| Organisation Name |  | | |
| Sector | Choose an item. | | |
| Contact Person |  | | |
| Role/Title |  | | |
| Phone |  | **Email** |  |
| Availability |  | | |
| Other Interested Parties |  | | |

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| Incident Details | | | | | | | | |
| Description  Time/date incident discovered  Time/date incident occurred  Internal reference number  High level description of incident |  | | | | | | | |
| Service(s) affected | What essential services were affected: | | | | | | | |
| Nature & Impact | Duration | | |  | | | | |
| Number of Affected Users | | |  | | | | |
| Nature of Compromise  (authenticity, integrity, availability, confidentiality of data or service) | | |  | | | | |
| Geographic Spread | | |  | | | | |
| Cross Border Impact | | |  | | | | |
| Data Loss/Breach | | |  | | | | |
| Material Damage | | |  | | | | |
| Financial Loss | | |  | | | | |
| Reputational Damage | | |  | | | | |
| Risk to Health, Safety or possible loss of life | | |  | | | | |
| Root Cause (if known) | Please mark ‘X’ in the relevant box | | | | | | | |
| System failure  (e.g. software bug, flawed procedure, hardware failure, etc.) |  | Natural disaster  (e.g. storm, earthquake, etc.) | |  | Human error  (e.g. mistake, negligence, etc.) | |  |
| Malicious action  (e.g. cyber-attack, vandalism, theft, software bug, DDoS attack, etc.) |  | 3rd party failure  (e.g. power cut, internet outage, etc.) | |  | Other  (please provide further detail below) | |  |
| Root Cause narrative: | | | | | | | |
| Severity | Please mark ‘X’ in relevant box | | | | | | | |
| Major Impact | | | | | |  | |
| Moderate Impact | | | | | |  | |
| Minor Impact | | | | | |  | |
| Not Yet Known | | | | | |  | |
| No Impact (report for information only) | | | | | |  | |

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| Current Situation | |
| Investigation Status | Choose an item. |
| Actions Taken to mitigate or contain |  |
| Expected Time to Resolve |  |
| Support Required from CSIRT | Choose an item. |
| Please provide further information: |
| Notifications Issued  (Impacted Parties, Executive Management, Law Enforcement, Data Protection Commissioner) |  |

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| Information Sharing | |
| Full Incident Information  (ICT assets affected, IoC’s, etc.) |  |
| Lessons Learned  (e.g. vulnerabilities/weaknesses exposed, new threats identified, inadequate processes/controls, staff awareness training needs, success of business continuity and disaster recovery plans, etc.) |  |

Please email completed form to [certreport@decc.gov.ie](mailto:certreport@decc.gov.ie?subject=Incident%20Report%20Form%20Submission)