

XYZ College

SECURITY INCIDENT RESPONSE (**SYSTEM OWNER QUESTIONNAIRE**)

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The following is a sample incident response questionnaire. The questionnaire is used by the Incident Handler to determine if the incident at the XYZ College will trigger the Critical Incident Response (CIR) procedure. The format of this report is subject to change as reporting standards and capabilities are further developed.

Assignment: Using the XYZ College Incident Response Policies, Procedures, and Framework to write 8 to 10 question that will trigger a CIR investigation.

Incident Response Handler

Question 1:	
Answer:	
Question 2:	
Answer:	
Question 3:	
Answer:	
Question 4:	
Answer:	
Question 5:	
Answer:	
Question 6:	
Answer:	
Question 7:	
Answer:	
Question 8:	
Answer:	
Question 9:	
Answer:	
Question 10:	
Answer:	

XYZ College

SECURITY INCIDENT RESPONSE (**CIR INVESTIGATION FORM**)

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The following is a sample incident report. The report is an example of the types of information and incident details that will be used to track and report security incidents for XYZ College. The format of this report is subject to change as reporting standards and capabilities are further developed.

Assignment: From the information provided complete the CIR Investigation form for the incident you have been assigned.

Contact Information and Incident

Last Name: _____	First Name: _____
Job Title: _____	Cell: _____
Phone: _____	Division: _____
Mobile: _____	Department: _____
Email: _____	Office #: _____

Incident Description

Date/Time and Recovery Information

Date/Time of First Incident: _____	Date: _____	Time: _____
Date/Time of Detected: _____		Time: _____
Has the Incident Ended? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known	
Duration of Incident (in hours): _____	Hours or Days	
Severity of Attack: _____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
Estimated Recovery Time of this Effected System (Clock Hours) _____		
Estimated Recovery Time of this Effected System (Staff Hours) _____		
Number of Hosts Affected: _____		
Number of Users Affected: _____		
Estimated Number of Account Effected: _____		

Type of Incident Detected:

<input type="checkbox"/> Exposing Confidential/Classified/Unclassified Data	<input type="checkbox"/> Theft of Information Technology Resources/ Other Assets	<input type="checkbox"/> Creating accounts	<input type="checkbox"/> Altering DNS/Website/Data / Logs	<input type="checkbox"/> Destroying Data
<input type="checkbox"/> Anonymous FTP abuse	<input type="checkbox"/> Attacking Attackers/ Other Sites	<input type="checkbox"/> Credit Card Fraud	<input type="checkbox"/> Fraud	<input type="checkbox"/> Unauthorized Use/Access
<input type="checkbox"/> Using Machine Illegally	<input type="checkbox"/> Impersonation	<input type="checkbox"/> Increasing Notoriety of Attacker	<input type="checkbox"/> Installing a Back Door/Trojan Horse	<input type="checkbox"/> Attacking the Internet
<input type="checkbox"/> ICQ Abuse/IRC Abuse	<input type="checkbox"/> Life Threatening Activity	<input type="checkbox"/> Password Cracking	<input type="checkbox"/> Sniffer	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Other (Specify) _____				

CIR Response Required

<input type="checkbox"/> Yes <input type="checkbox"/> No	SB1386 - Email Notification Sent Out? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Comments (CIR Criteria):

General Information

How Did You Initially Become Aware of the Incident?

<input type="checkbox"/> Automated Software Notification	<input type="checkbox"/> Automated Review of Log Files	<input type="checkbox"/> Manual Review of Log Files	<input type="checkbox"/> System Anomaly (i. e., Crashes, Slowness)	<input type="checkbox"/> Third Party Notification
<input type="checkbox"/> Don't Know	<input type="checkbox"/> Other (Specify) _____			

Attack Technique (Vulnerability Exploited / Exploit Used)

<input type="checkbox"/> CVE/CERT VU or BugTraq Number	<input type="checkbox"/> Virus, Trojan Horse, Worm, or Other Malicious Code	<input type="checkbox"/> Denial of Service or Distributed Denial of Service Attack	<input type="checkbox"/> Unauthorized Access to Affected Computer Privileged Compromise (Root/Admin Access) User Account Compromise/Web Compromise (Defacement)
<input type="checkbox"/> Scanning/Probing	<input type="checkbox"/> Other _____		

Suspected perpetrator(s) or possible motivation(s) of attack:

<input type="checkbox"/> CSU staff/students/ faculty	<input type="checkbox"/> Former staff/ students/faculty	<input type="checkbox"/> External Party	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other (Specify) _____			

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Possible Additional Questions

Impact of Incident

Hosts

Individual Hosts

Does this Host represent an Attacking or Victim Host?

☐ Victim

☐ Attacker

☐ Both

Host Name: _____

IP Address: _____

Operating System Affected: _____

Patch Level (if known): _____

Applications Affected: _____

Database: _____

Others: _____

Primary Purpose of this Host:

☐ User Desktop Machine

☐ User Laptop Machine

☐ Web Server

☐ Mail Server

☐ FTP Server

☐ Domain Controller

☐ Domain Name Server

☐ Time Server

☐ NFS/File System Server

☐ Database Server

☐ Application Server

☐ Other Infrastructure Services

Data Compromised:

Did the incident result in a loss/compromise of sensitive or personal information?

☐ Yes (Specify)

☐ No

☐ Other

Comments:

Did the incident result in damage to system(s) or date:

☐ Yes (Specify)

☐ No

☐ Other

Comments:

Law Enforcement

Has Law Enforcement Been Notified?

☐ Yes

☐ No