Ashpool Cyber Operations

Incident Response Checklist

Incident Origin Information											
Incident #:		Date	Reported:				Date of Event:				
Theft?	Yes	Time	Reported:			Time Zor	ne	Time of Event:			Time Zone
	No				-						
If Theft, Polic	e Report	ID:									
Reporting	Name:	1			De	epartmen	t:		Т	itle:	
Party:	Cell Ph	one:			En	nail Addre	ess:				
Responding	Name:	1			De	epartmen	t:		Т	itle:	
Party:	Cell Ph	one:			En	nail Addre	ail Address:				
Location:			Object:				Responsible Departn		ment:		
Inventory #:			Department	t			Department Manager:		er:		
			Contact #:								
Summary of incident:											

	Compromised System Inform	nation	
Computer	IP(s):	OS:	
Name(s):			
Software		Contain	Yes
Present:		PII:	No
Accessible		Computer Used	
Network Shares:		Primarily By:	
Incident Type:	Malware DDoS Web-Application-Attack	Phishing Policy-V	iolation Other
If Web App	XSS Broken-Access-Control SQL-Injection	on Unpatched	Other
Attack:			
If Other,			
describe:			
Accounts Logged			
On to Computer:			

	Web Attack Information						
Originating IP(s):		Affected IP(s):					
Originating		Affected					
Domain(s):		Domain(s):					
Breach Detected:	Yes No	Attack Type:					
Information Regarding Attack:							

		Malware II	nformation		
Name of Malware:			Malware Family:		
AlienVault Link:			VirusTotal Link:		
Any.Run Link:			TrendMicro Link:		
MD5 Hash of					
File(s)					
IP(s) Associated			URL(s) Associated v	N/	
w/ the Malware:			the Malware:		
How was it					
Detected:					
Impact Characterist	ics:		Summary of Malwa	are:	
Actions Taken:					
# Of Compromised Systems:					

	Timeline of Incident Response Activities						
Date:	Time:	Eve	nt / Des				
					- 0	voio	
Dina ath.					Anal	/SIS	
Directly					owntime of Direct		
Impacted Systems:					ystems:		
Indirectly					owntime		
Impacted					of Indirect		
Systems:					ystems:		
IT's Respon	nse					Future Impact	
to the Incid						on IT Services:	
Next Steps	:						
Changes M	lade:						
Incident St	ate:	Active	Open	Clc	sed		
F.,.				-	Chain of	Custody	
From:	From:			Го:			Date:

Communications Record						
Communication	To:	From:	Date:	Time:	Description:	
Type:						
		_				

	Lessor	ns Learned		
Summary of Lessons Learned:				
Incident or Risk	Lessons Learned	Actionable Items	Owner of Item	Status

Revision Table					
Date Revised	Author	Revision Description			
1/17/2022	Evan Read	Created the document			
1/26/2022	Evan Read	Updated per Prof. Egeberg's recommendations			

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