**Incident Report #:** IR-785

**Reported Date and Time:** Today’s Date

**Technician:** Your Name

**Site Location:** VSCLvWorkstation

**Identification (Type and how detected):**

**Triage (Impact):**

**Containment (Steps taken):**

**Investigation (Cause):**

**Recovery and Repair (Resolution):**

**Lessons Learned (Debriefing and Feedback):**