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| **FISA**  **INCIDENT DE SECURITATE**  **Nr. ................** | | | | Aprobat,  Director General | | | | |
| NC: Confidential | | | | |
| 1. Descriere incident |  | | | | | | | |
| 2. Identificata de: | Nume: ……. | | | | | | Data: ………….. | |
| 3. Descrierea corectiei  (actiunea, resurse necesare): |  | | | | | | | |
| 4. Executant corectie : | Nume: | Semnatura: | | | | | | Data planificata ptr implementare : |
| 5. Verificarea implementare corectie | Comentarii: | | | | | Responsabil verificare  Nume:  Semnatura:  Data: | | |
| 6. Cauza |  | | | | | | | |
| 7. Actiune corectiva intreprinsa: |  | | Responsabil implementare  Nume:  Semnatura: | | | | | |
| Termen: | | | | | |
| 8. Verificarea implementarii actiunii corective: |  | | Responsabil verificare:  Nume:  Semnatura: | | | | | |
| 9. Alte comentarii: |  | | | | | | | |
| 11. Elaborat de :  (nume si semnatura) | | | | | Cod: FP-14 Rev. 0 | | | |