## Security Incident Report Form

**INSTRUCTIONS**
*The purpose of this form is to help organize information about a security incident, typically a security breach, which may be related to a water contamination threat. The individual who discovered the security incident may complete this form. PWSS staff may use this form to advise utilities about the information they should be gathering when evaluating a security breach. PWSS staff may even wish to complete this form on behalf of the utility. This form is intended to summarize information about a security breach that may be relevant to the threat evaluation process. This form should be completed for each location where a security incident was discovered.*

**DISCOVERY OF SECURITY INCIDENT**

Date/Time security incident discovered: _____

Name of person who discovered security incident: _____

**Mode of discovery:**
☐ Alarm (building)　☐ Alarm (gate/fence)　☐ Alarm (access hatch)
☐ Video surveillance　☐ Utility staff discovery　☐ Citizen discovery
☐ Suspect confession　☐ Law enforcement discovery
☐ Other _____

**Did anyone observe the security incident as it occurred?**　☐ Yes ☐ No
*If "Yes", complete the 'Witness Account Report'*

**SITE DESCRIPTION**

Site Name: _____

Type of facility
☐ Source water　　☐ Treatment plant　　☐ Pump station
☐ Ground storage tank　☐ Elevated storage tank　☐ Finished water reservoir
☐ Distribution main　　☐ Hydrant　　☐ Service connection
☐ Other _____

Address: _____
_____

Additional Site Information: _____
_____

**BACKGROUND INFORMATION**

**Have the following "normal activities" been investigated as potential causes of the security incident?**

☐ Alarms with known and harmless causes     ☐ Utility staff inspections
☐ Routine water quality sampling     ☐ Construction or maintenance
☐ Contractor activity     ☐ Other _____

**Was this site recently visited *prior* to the security incident?** ☐ Yes ☐ No
*If "Yes," provide additional detail below*

Date and time of previous visit: _____

Name of individual who visited the site: _____

Additional Information: _____
_____

**Has *this location* been the site of previous security incidents?** ☐ Yes ☐ No
*If "Yes," provide additional detail below*

Date and time of most recent security incident: _____

Description of incident: _____
_____
_____

What were the results of the threat evaluation for this incident?
☐ 'Possible'     ☐ 'Credible'     ☐ 'Confirmed'

**Have security incidents occurred at *other locations* recently?** ☐ Yes ☐ No
*If "Yes", complete additional 'Security Incident Reports' for each site*

Name of 1st additional site: _____
Name of 2nd additional site: _____
Name of 3rd additional site: _____

**SECURITY INCIDENT DETAILS**

**Was there an alarm(s) associated with the security incident?** ☐ Yes ☐ No
*If "Yes," provide additional detail below*

Are there sequential alarms (e.g., alarm on a gate and a hatch)? ☐ Yes ☐ No

Date and time of alarm(s): _____

Describe alarm(s): _____

**Is video surveillance available from the site of the security incident?** ☐ Yes ☐ No
*If "Yes," provide additional detail below*

Date and time of video surveillance: _____

Describe surveillance: _____
_____
_____

**Unusual equipment found at the site and time of discovery of the security incident:**
☐ Discarded PPE (e.g., gloves, masks) ☐ Empty containers (e.g., bottles, drums)
☐ Tools (e.g., wrenches, bolt cutters) ☐ Hardware (e.g., valves, pipe)
☐ Lab equipment (e.g., beakers, tubing) ☐ Pumps or hoses
☐ None ☐ Other _____

Describe equipment: _____
_____
_____
_____

**Unusual vehicles found at the site and time of discovery of the security incident:**
☐ Car/sedan ☐ SUV ☐ Pickup truck
☐ Flatbed truck ☐ Construction vehicle ☐ None
☐ Other _____

Describe vehicles (including make/model/year/color, license plate #, and logos or markings): _____
_____
_____
_____

**Signs of tampering at the site and time of discovery of the security incident:**
☐ Cut locks/fences ☐ Open/damaged gates, doors, or windows
☐ Open/damaged access hatches ☐ Missing/damaged equipment
☐ Facility in disarray ☐ None
☐ Other _____

Are there signs of sequential intrusion (e.g., locks removed from a gate and hatch)? ☐ Yes ☐ No

Describe signs of tampering: _____
_____
_____
_____

**Signs of hazard at the site and time of discovery of the security incident:**
- ☐ Unexplained or unusual odors     ☐ Unexplained dead animals
- ☐ Unexplained dead or stressed vegetation     ☐ Unexplained liquids
- ☐ Unexplained clouds or vapors     ☐ None
- ☐ Other _____

Describe signs of hazard: _____

_____

_____

_____


**SIGNOFF**

Name of person responsible for documenting the security <u>incident</u>:

Print name     _____

Signature     _____ Date/Time: _____