

# DFIR Triage Form

Incident ID: \_\_\_\_\_

Analyst: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Summary: \_\_\_\_\_

Severity (Critical/Major/Minor): \_\_\_\_\_

Affected Assets: \_\_\_\_\_

Immediate Actions Taken: \_\_\_\_\_

Escalation Required? \_\_\_\_\_