



INCIDENT REPORTING FORM

Form Approved
OMB No. 0917-0036
Exp. Date 07/31/2018



Important: Initial notification must be exclusively made to the IHS Incident Response Team (IRT) no later than 30 minutes from discovery. All incidents must also have a resolution completed.

Contact the IHS IRT: Email: IRT@ihs.gov; Business Hours: 1-888-830-7280 (OIT Help Desk).
After Hours: 702-562-8201 (NOSC).

Check One: Incident Notification Update Resolution

IR Primary Handler:

Does the incident involve Personally Identifiable Information (PII)? Yes No *(if yes, complete PII box)*

KEY INFORMATION

Date/Time of Incident Discovery:

Date/Time Incident Occurred:

Facility name:

Discoverer of incident:

Contact person and contact information:

Alternate contact and contact information:

<If equipment was lost/stolen, list the government barcode number(s) for the stolen equipment>

<Describe the roles of the people involved, be it contractors, government employees, etc.>

<Number of individuals impacted/estimated to be impacted>

<List people to keep notified of incident and people who should **NOT** be notified>

INCIDENT SUMMARY

<High-level summary of incident, elaborating on key information above.>



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DETAILED INCIDENT DESCRIPTION

<Detailed description of incident. Please include time stamps.>

INCIDENT MITIGATION

<Detailed description of steps taken with time stamps.>

<Detailed description of follow-up actions to be taken.>

PERSONALLY IDENTIFIABLE INFORMATION (PII)

<What type of PII>

<Who owned the PII>

<Number of individuals impacted/estimated to be impacted>

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Indian Health Service, 5600 Fishers Lane, Rockville, MD 20857, Attention: Information Collections Clearance Officer.