# Incident Report Form

## IMPLEMENTATION TOOL

This form is also available as an online form on our website.

Complete this form to report an incident affecting government records and/or to request a destruction authority for the affected records.

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| 1. **Incident type:** | |
|  | Data breach (for example, unauthorised access to records, unauthorised destruction or disposal of records) |
|  | Fire and/or smoke damage |
|  | Missing records |
|  | Mould damage |
|  | Pest infestation (for example, cockroaches, mice, silverfish, rats etc) |
|  | Theft and/or vandalism |
|  | Unauthorised destruction or disposal of records (for example, human or system failure resulting in records being destroyed before their retention periods, records abandoned in empty offices etc) |
|  | Water damage |
|  | Other, please specify |
| 1. **Background:** | |
| Describe the incident. | |

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| 1. **Impact statement:** | |
| Describe the impact of the loss of these records on your business, such as: records subject to a disposal freeze, any current or pending legal action or Right to Information applications, critical business functions, sensitivity of the information, etc. | |
| 1. **Preliminary investigation:** | |
| Summarise details of any internal preliminary investigation. Include information that may have contributed to the incident occurring, for example, lack of policy/procedures etc. | |
| 1. **Damage assessment:** | |
| The records in this incident report are not salvageable as a result of (tick all that apply): | |
|  | Excessive damage |
|  | Hazard / health risk |
|  | Prohibitive salvage / restoration costs |
|  | Unauthorised destruction of records |
|  | Other, please describe: |
| 1. **I am requesting destruction authority for the affected records:** | |
|  | Yes |
|  | No |
| 1. **Action plan:** | |
| Provide details of what you plan to do to reduce the risk of a repeat incident. Include any proposed restoration/conservation plans for approval by our conservator. Describe your ability to reinstate and/or recreate the records from other sources, such as back up tapes, business systems, external parties etc. Note: we may recommend further actions. | |

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| 1. **Evidence:** | | | | | | | | |
| Attached any supporting evidence such as photographs, copies of investigation reports, etc. | | | | | | | | |
| 1. **Affected records:** (add extra rows if needed) | | | | | | | | |
| Date range | Records description | Quantity | Format | Disposal schedule number | | Class reference | Retention period | Can the records be recreated or sourced elsewhere? Y/N |
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| 1. **Your details:** | | | | | | | | |
| Organisation: | | | | | | | | |
| Name: | | | | | Position: | | | |
| Phone: | | | | | Email: | | | |
| Date of incident: | | | | | Date of report: | | | |
| I confirm my organisation has supplied all relevant information: | | | | | | | | |
| Name and signature:  (Chief Executive Officer or authorised delegate) | | | | | Date: | | | |

**CONTACT US**

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*Incident Report Form* is part of the *Tasmanian Government Information Management Framework.* It supports the *Information and Records Management Standard, the Physical Storage Standard and the Destruction Methods Standard.* This is a living document and we will make minor changes as needed. If you notice anything that needs updating, please let us know.

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**Document Development History**

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| --- | --- | --- |
| Version | Date | Comments |
| 1 | 4/08/2015 | Initial release |
| 1.1 | 25/06/2018 | New template, minor changes |
| 1.2 | 20/12/2023 | New template, minor changes |