

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.

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

2. Background:

Describe the incident.

3. 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.

4. 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.

5. 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:

6. I am requesting destruction authority for the affected records:

- Yes
- No

7. 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.

8. Evidence:

Attached any supporting evidence such as photographs, copies of investigation reports, etc.

9. 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

10. 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: _____ Date: _____
 (Chief Executive Officer or authorised delegate)

CONTACT US

Office of the State Archivist | www.osa.tas.gov.au | osa@libraries.tas.gov.au | 03 6165 5581

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.



License URL: www.creativecommons.org/licenses/by/4.0/legalcode
Please give attribution to: © State of Tasmania, 2024.

Document Development History

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