# 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:**
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| 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:**
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| 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:**
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| 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 |