

## পরিশিষ্ট-৩ক: প্রাথমিক মূল্যায়ন ফর্ম

(অংশ-৫, অনুচ্ছেদ ৭ (২) দ্রষ্টব্য)  
(Initial Assessment Form)

### Track Number/Reference Number:

Name of Critical information infrastructure:

(Fill in the box below)

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Focal point of contact for Critical information infrastructure:

(Fill in the box below)

Name	
Designation	
E-mail:	
Phone Number	
Postal Address	

Secondary point of contact for Critical information infrastructure:

(Fill in the box below)

Name	
Designation	
E-mail:	
Phone Number	
Postal Address	

## Information Security Event Description

### Description of the Event

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Provide brief summary:

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### Service Impacts in CIA Triad

Confidentiality	Integrity	Availability
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### Business Impacts in brief summary

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### Vulnerabilities Identified

Provide brief summary:

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### Information Security Event Details

Description	Date	Time
Event occurred		
Event discovered		
Event reported		

Is the Event Over?

☐ Yes

☐ No

POC

Official Stamp of CII

Agency Will fill up

Agency Receiving Person Name & Designation

Receiving Time & Date

Agency Official Stamp

**পরিশিষ্ট -৩খ: চূড়ান্ত মূল্যায়ন ফর্ম**  
(অংশ-৫, অনুচ্ছেদ ৭ (৩) দ্রষ্টব্য)  
**(Final Assessment Form)**

**Track Number/Reference Number:**

Name of Critical information infrastructure:  
(Fill in the box below)

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(Fill in the box below)

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Phone Number	
Postal Address	

## Information Security Event Description

### Description of the Event:

#### What Occurred

- ☐ Loss of service
- ☐ Loss of equipment
- ☐ Loss of facility
- ☐ System malfunction
- ☐ System overload
- ☐ Software malfunction
- ☐ Intrusion attempt

- ☐ Human error
- ☐ Bad application design
- ☐ Compliance violations
- ☐ Access violations
- ☐ Physical/security breach
- ☐ Uncontrolled system changes
- ☐ Others (please specify)

#### How Occurred

- ☐ Theft Fraud
- ☐ Sabotage/Physical Damage
- ☐ Malicious Code
- ☐ Hacking/Logical Infiltration
- ☐ Misuse of Resources
- ☐ Hardware Failure
- ☐ Software Failure
- ☐ Hardware Maintenance Error

- ☐ Communication Failure
- ☐ Fire
- ☐ Flood
- ☐ Design Error
- ☐ User Error
- ☐ Operations Error
- ☐ Software Maintenance Error
- ☐ Third Party Services
- ☐ Others (please specify)\_\_\_\_\_

#### Why Occurred

- ☐ Deliberate or Intentional
- ☐ Actual Attack
- ☐ Accidental

- ☐ Others \_\_\_\_\_

Description of the Event in details: (Provide as much as information for understand the incident)

#### Related Business Impacts

- ☐ Financial Loss
- ☐ Personal Information
- ☐ Legal and Regulatory
- ☐ Obligations
- ☐ Disruption to Business Operations

☐ Vulnerabilities Identified: (Provide as much as information for understand the Vulnerability)

Others (please specify)\_\_\_\_\_

*Information Security Event Details*

Description	Date	Time
Event occurred		
Event discovered		
Event reported		

Is the Event Over?

☐

Yes

☐

No

Provide brief summary of associate events:

S

POC

Official Stamp of CII

## TYPE OF INFORMATION SECURITY INCIDENT

☐ Actual

☐ Attempted

☐ Suspected

### *Threat Source Occurred at what Level*

☐ Organizational

☐ Level Process

☐ Level Information System Level

### *Type of Threat Event*

☐ Adversarial

☐ Non Adversarial

### *Assets Affected*

(Provide descriptions of the assets affected by or related to the incident including serial, license, version numbers where relevant)

Information/Data .....

Hardware .....

Software .....

Communications .....

Documentation .....

### *Business Impact/Effect of Incident*

(Provide descriptions of the assets affected by or related to the incident including serial, license, version numbers where relevant)

		Value
Breach of Confidentiality	<input type="checkbox"/>	.....
Breach of Integrity	<input type="checkbox"/>	.....
Breach of Availability	<input type="checkbox"/>	.....
Breach of Non-Repudiation	<input type="checkbox"/>	.....
Destruction	<input type="checkbox"/>	.....

Additional Notes:

## INCIDENT RESOLUTION

Incident Investigation Commenced Date .....

Incident Investigator(s) Name(s) .....

Incident End Date .....

Impact End Date .....

Incident Investigation Completion Date .....

Reference and Location of Investigation Report .....

### *Actions Taken to Resolve Incident*

Actions Taken to Resolve Incident	
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### **Actions Outstanding**

Actions Outstanding (Investigation is still required by other personnel)	
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### **Current Status of Incident**

Current Status of Incident (Open/unresolve/resolve/close/Need Escalation)	
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## CONCLUSION

Identified Root Cause	Recommendation for Improvement



