Security Incident Report Form

INSTRUCTIONS
The purpose of this form is to help organize information about a physical security incident, typically a security breach, which may be a water contamination threat. The individual who discovered the security incident may complete this form. ODW staff may use this form to advise utilities about the information they should be gathering when evaluating a security breach. ODW staff may even wish to complete this form on behalf of the utility. This form is to summarize information about a security breach that may be relevant to the threat evaluation process. Complete this form for each location where a security incident occurred.

DISCOVERY OF SECURITY INCIDENT
Date/Time security incident discovered: _________________________________

Name of person who discovered security incident: ___________________________

Mode of discovery:
☐ Alarm (building) ☐ Alarm (gate/fence) ☐ Alarm (access hatch)
☐ Video surveillance ☐ Utility staff discovery ☐ Citizen Discovery
☐ Suspect confession ☐ Law enforcement discovery
☐ Other __________________________________________________________________

Did anyone observe the security incident as it occurred?  ☐ Yes ☐ No

If “Yes”, complete the ‘Witness Account Report’

SITE DESCRIPTION
Site Name: __________________________________________________________________

Type of facility
☐ Source water ☐ Treatment plant ☐ Pump station
☐ Ground storage tank ☐ Elevated storage tank ☐ Finished water reservoir
☐ Distribution main ☐ Hydrant ☐ Service connection
☐ Other __________________________________________________________________

Address: __________________________________________________________________

Additional Site Information: __________________________________________________________________
BACKGROUND INFORMATION

Have the following “normal activities” been investigated as potential causes of the security incident?

☐ Alarms with known and harmless causes  ☐ Utility staff inspections
☐ Routine water quality sampling  ☐ Construction or maintenance
☐ Contractor activity  ☐ Other ______________________

Was this site recently visited prior to the security incident?  ☐ Yes  ☐ No

If “Yes,” provide additional detail below

Date and time of previous visit: __________________________________________

Name of individual who visited the site: ________________________________

Additional Information: _____________________________________________

Has this location been the site of previous security incidents?  ☐ Yes  ☐ No

If “Yes,” provide additional detail below

Date and time of most recent security incident: _________________________

Description of incident: _____________________________________________

____________________________________________________________________

What were the results of the threat evaluation for this incident?

☐ ‘Possible’  ☐ ‘Credible’  ☐ ‘Confirmed’

Have security incidents occurred at other locations recently?  ☐ Yes  ☐ No

If “Yes”, complete additional ‘Security Incident Reports’ for each site

Name of 1st additional site: __________________________________________
Name of 2nd additional site: __________________________________________
Name of 3rd additional site: __________________________________________

SECURITY INCIDENT DETAILS

Was there an alarm(s) associated with the security incident?  ☐ Yes  ☐ No

If “Yes,” provide additional detail below

Are there sequential alarms (e.g., alarm on a gate and a hatch)?  ☐ Yes  ☐ No

Date and time of alarm(s): ____________________________________________

Describe alarm(s): _________________________________________________

____________________________________________________________________
Is video surveillance available from the site of the security incident? □ Yes □ No

If “Yes,” provide additional detail below

Date and time of video surveillance: ____________________________________________

Describe surveillance: _________________________________________________________

Unusual equipment found at the site and time of discovery of the security incident:

□ Discarded PPE (e.g., gloves, masks) □ Empty containers (e.g., bottles, drums)
□ Tools (e.g., wrenches, bolt cutters) □ Hardware (e.g., valves, pipe)
□ Lab equipment (e.g., beakers, tubing) □ Pumps or hoses
□ None □ Other _____________________________

Describe equipment: __________________________________________________________

Unusual vehicles found at the site and time of discovery of the security incident:

□ Car/sedan □ SUV □ Pickup truck
□ Flatbed truck □ Construction vehicle □ None
□ Other _____________________________

Describe vehicles (including make/model/year/color, license plate #, and logos or markings): ________________________________________________________________

Signs of tampering at the site and time of discovery of the security incident:

□ Cut locks/fences □ Open/damaged gates, doors, or windows
□ Open/damaged access hatches □ Missing/damaged equipment
□ Facility in disarray □ None
□ Other _____________________________

Are there signs of sequential intrusion (e.g., locks removed from a gate and hatch)? □ Yes □ No

Describe signs of tampering: ___________________________________________________

_________________________________________________________
Signs of hazard at the site and time of discovery of the security incident:

☐ Unexplained or unusual odors
☐ Unexplained dead animals
☐ Unexplained dead or stressed vegetation
☐ Unexplained liquids
☐ Unexplained clouds or vapors
☐ None
☐ Other

Describe signs of hazard: ____________________________________________

__________________________________________

SIGNOFF
Name of person responsible for documenting the security incident:

Print name

Signature ____________________________ Date/Time: ____________