

## 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:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Alarm (building)   | <input type="checkbox"/> Alarm (gate/fence)        | <input type="checkbox"/> Alarm (access hatch) |
| <input type="checkbox"/> Video surveillance | <input type="checkbox"/> Utility staff discovery   | <input type="checkbox"/> Citizen Discovery    |
| <input type="checkbox"/> Suspect confession | <input type="checkbox"/> Law enforcement discovery |   |
| <input type="checkbox"/> 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**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Source water        | <input type="checkbox"/> Treatment plant       | <input type="checkbox"/> Pump station             |
| <input type="checkbox"/> Ground storage tank | <input type="checkbox"/> Elevated storage tank | <input type="checkbox"/> Finished water reservoir |
| <input type="checkbox"/> Distribution main   | <input type="checkbox"/> Hydrant               | <input type="checkbox"/> Service connection       |
| <input type="checkbox"/> Other               | _____  |   |

**Address:** \_\_\_\_\_

**Additional Site Information:** \_\_\_\_\_

## BACKGROUND INFORMATION

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

- |  |  |
|--|--|
| <input type="checkbox"/> Alarms with known and harmless causes | <input type="checkbox"/> Utility staff inspections   |
| <input type="checkbox"/> Routine water quality sampling        | <input type="checkbox"/> Construction or maintenance |
| <input type="checkbox"/> Contractor activity                   | <input type="checkbox"/> 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 1<sup>st</sup> additional site: \_\_\_\_\_

Name of 2<sup>nd</sup> additional site: \_\_\_\_\_

Name of 3<sup>rd</sup> 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:**

- |  |   |
|--|---|
| <input type="checkbox"/> Unexplained or unusual odors            | <input type="checkbox"/> Unexplained dead animals |
| <input type="checkbox"/> Unexplained dead or stressed vegetation | <input type="checkbox"/> Unexplained liquids      |
| <input type="checkbox"/> Unexplained clouds or vapors            | <input type="checkbox"/> None                     |
| <input type="checkbox"/> Other _____                             |   |

Describe signs of hazard: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNOFF**

Name of person responsible for documenting the security incident:

Print name \_\_\_\_\_

Signature \_\_\_\_\_ Date/Time: \_\_\_\_\_