

Initial Report of a Headquarters Security Incident

When document is completed, please mark as CUI

Date of Discovery	Time of Discovery	Place of Discovery	Incident Number (Assigned by HSIPM)				
Local Tracking Number (if used)							
Incident Topical Area			Type			Category	
			MI	SI	PI	A	B
<input type="checkbox"/>	Information Protection (Complete "Supplement" section below)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Protective Force		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Physical Security		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Program Management		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are Foreign Nationals Involved? (Check Yes or No.)			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Is Media Interest likely? (Check Yes or No.)			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Brief UNCLASSIFIED Description of Incident. (Classified details, if needed, must be sent separately.)							
<p>CAUTION – Details of Security Incidents may be classified – Check with a Classifier before completing.</p>							
Describe the initial steps taken to mitigate the incident.							

Supplement for Information Protection Incidents							
What is the highest level and category of Information involved?							
Classification Level	<input type="checkbox"/>	Top Secret	<input type="checkbox"/>	Secret	<input type="checkbox"/>	Confidential	
Classification Category	<input type="checkbox"/>	RD	<input type="checkbox"/>	FRD	<input type="checkbox"/>	NSI	
Do any Special Caveats apply? (Check all that apply)							
WD*	SCI	SAP	WFO	FGI	OGA	NOFORN	Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<small>*WD, Weapon Data, is information in Sigma 14, 15, 18 or 20 as defined by DOE O 452.8.</small>							
For Controlled Unclassified Information (CUI) – insert type							
What organization has programmatic responsibility for the information?							

Program Office and HSIPM Determinations		
Does the incident constitute a, "Significant Nuclear Defense Intelligence Loss," requiring Congressional Notification per 50 U.S.C. Section 2656?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is a formal Damage Assessment warranted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Point of Contact (Person Making Report)			
Name	Title	Organization	Phone