EXHIBIT-4212.62(a)

SECURITY INCIDENT RESPONSE FORM

ALASKA DEPARTMENT OF PUBLIC SAFETY
INFORMATION SECURITY OFFICER (ISO)

NAME OF PERSON REPORTING THE INCIDENT:

DATE OF REPORT: (mm/dd/yyyy)

DATE OF INCIDENT: (mm/dd/yyyy)

POINT(S) OF CONTACT
(Include Phone/Extension/Email):

LOCATION(S) OF INCIDENT:

INCIDENT DESCRIPTION:

SYSTEM(S) AFFECTED (e.g. CAD, RMS, file server, etc.):

METHOD OF DETECTION:

ACTIONS TAKEN/RESOLUTION:

ADDITIONAL DETAILS:

Adoption Date: September 18, 2023
Reviewed: December 16, 2024