New Virus Infection Report

Date

To System Management Repre	esentative				
		Information Security Manager of Division	System Manager of Division	System Administrator	Member
I hereby report a virus infection.					
Reporter					
Affiliation	Telephone number	on campus			
Job Title					
Name					
PC Identification number					
Name of virus (Symptoms, if name unknown.)					
Date detected	Year/ Month/ Day/ Time				
Computer models	Model: □PC/AT (including compatible machine) □Mac □Other models (OS: Windows (□95, 98, ME □NT, 2000, XP, 2003) Mac (□~OS 9.X □OS X))
	☐ Other OS (Network: ☐ Constant connection)
	(□Campus LAN (KUIC) □Leased circuit connection □CATV □ADSL				
	☐ Other type of connection (☐ Dial-up connection)
	□Other networks ()
Detection method	□Vaccines (Company:)
	(Software/ Version (Date of definition files:)
	Visual check □Contact from external organization □Other methods ()
Suspected infection routes (detection area)	□Campus □Within country □Outside of country □Unknown				
	□E-mail □Downloaded files □External media □Other routes ()
Number of damaged possessions	□PC: () □External media: FD (), MO (), CD-ROM ()				
	Other media ()
	☐Extermination or deletion by anti-virus software (software name or downloaded URL etc.)				

Recovery processes

 \square Initialization

□Other processes (

☐Deletion of files (e-mail)

 $[\]Rightarrow$ System Management Representative will keep this report.

[⇒] System Manager of Division will keep duplicate of this report.

X System Management Representative will take any necessary preventive measures for virus infections.