| | om | pa | ny] |
|-----|----|----|-----|
| L - | | 1 | /] |

Date [Select Date]

[Street Address, City, ST ZIP Code]

Employee/Contractor

| [Select Date] | [Name} [Title] | |
|--|--|-------|
| Location Time | Attendees | |
| Incident Description [Document incident here] | | |
| Question | Response | Notes |
| Are you aware of this activity? Do you accept responsibility for this activity? | | |
| Are you aware of the implications of this activity? | | |
| How long have you engaged in this activity? | | |
| How many times? Can you give specifics of each incident (date, time, location, with whom)? | | |
| Who else is supporting you in this activity? | | |
| Are you aware of the consequences of this activity? | | |
| Do you accept responsibility for these consequences? | | |
| Is there anything else I should know about this activity? | | |
| Have I explained the next steps to your complete understanding? | | |
| | | |
| Outcome [Document outcome here] | | |
| Notification [] Human Resources [] IT [] Security Office [] Legal [] Executives | [] COTR [] JPAS [] Authorities (Police/FBI) | |



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