

Template: Information Asset Register

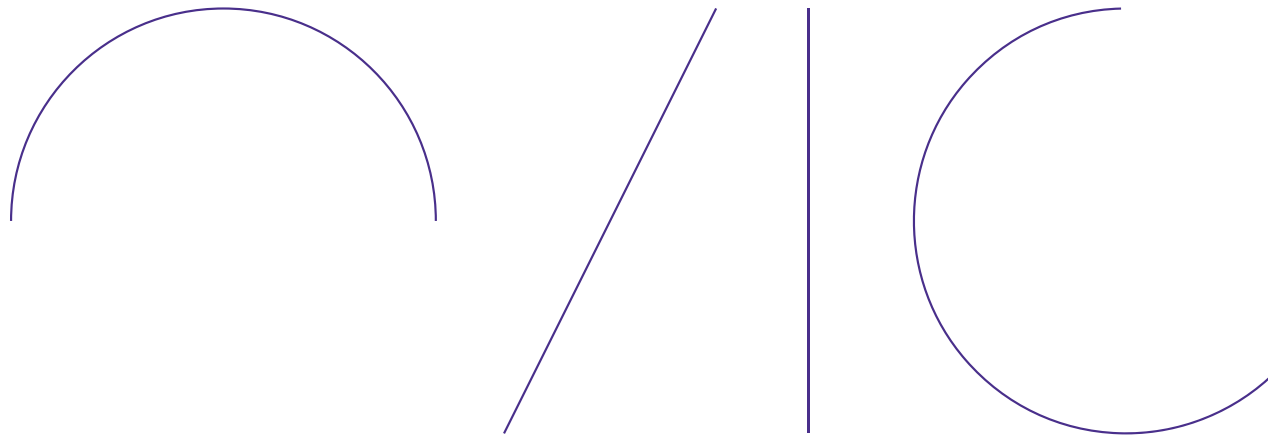
This template is designed for use by Class B
Cemetery Trusts and Committees of Management of
Crown Land Reserves

Version 1.3

Name of Trust or Committee: _____

Date/version initially completed: _____

Date/version last reviewed: _____



What is an Information Asset Register?

An Information Asset Register (**IAR**) is a tool to help record different types of information that a Trust or Committee may manage - regardless of its format or where it may be stored. An IAR can help the Trust or Committee identify what resources exist and provide stakeholders with a summary of the information in their care. This can include situations where the information is being captured, collected, recorded or stored with a third party, such as a contracted service provider, vendor, historical society, other Trust or Committee, Local Government Authority, etc.

How to use this IAR template

The following template may be used by committee and trust members to help build an IAR for their own Cemetery or CoM. If filling in this template via:

- hard copy (with a pen), you may need to print additional pages to capture all the Trust or Committee information
- soft copy (on a computer or other electronic device), you may need to copy content from the existing pages and add extra ones to capture all the Trust or Committee information.

An accompanying guide is also available to help step through this exercise and assist in you in building your own IAR. The guide contains prompts and examples of how to complete each of the sections.

- Class B Cemetery Trust stakeholders, [click here](#) to access a copy.
- Committee of Management stakeholders, [click here](#) to access a copy.

More information

If you would like to discuss this template, contact OVIC's Information Security Unit by emailing security@ovic.vic.gov.au

Further Information

Contact Us

t: 1300 00 6842

e: security@ovic.vic.gov.au

w: ovic.vic.gov.au

	Information asset number _____	Information asset number _____	Information asset number _____																																																						
Section A: What is the information asset name?																																																									
Section B: What types of information are contained in this asset? Please briefly describe Select all that apply <i>If you select 'yes' for any of these boxes, consider what additional regulations may apply to this information, and if any additional protections are required.</i>	Select Y (yes) or N (no) to indicate whether the asset contains: <table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>Law Enforcement Information?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Financial Information?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Health Records?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Personal Information?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>If you selected 'yes' for personal information, does this include <u>sensitive</u> [personal] information?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Y	N	Law Enforcement Information?	<input type="checkbox"/>	<input type="checkbox"/>	Financial Information?	<input type="checkbox"/>	<input type="checkbox"/>	Health Records?	<input type="checkbox"/>	<input type="checkbox"/>	Personal Information?	<input type="checkbox"/>	<input type="checkbox"/>	If you selected 'yes' for personal information, does this include <u>sensitive</u> [personal] information?	<input type="checkbox"/>	<input type="checkbox"/>	Select Y (yes) or N (no) to indicate whether the asset contains: <table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>Law Enforcement Information?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Financial Information?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Health Records?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Personal Information?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>If you selected 'yes' for personal information, does this include sensitive [personal] information?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Y	N	Law Enforcement Information?	<input type="checkbox"/>	<input type="checkbox"/>	Financial Information?	<input type="checkbox"/>	<input type="checkbox"/>	Health Records?	<input type="checkbox"/>	<input type="checkbox"/>	Personal Information?	<input type="checkbox"/>	<input type="checkbox"/>	If you selected 'yes' for personal information, does this include sensitive [personal] information?	<input type="checkbox"/>	<input type="checkbox"/>	Select Y (yes) or N (no) to indicate whether the asset contains: <table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>Law Enforcement Information?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Financial Information?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Health Records?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Personal Information?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>If you selected 'yes' for personal information, does this include sensitive [personal] information?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Y	N	Law Enforcement Information?	<input type="checkbox"/>	<input type="checkbox"/>	Financial Information?	<input type="checkbox"/>	<input type="checkbox"/>	Health Records?	<input type="checkbox"/>	<input type="checkbox"/>	Personal Information?	<input type="checkbox"/>	<input type="checkbox"/>	If you selected 'yes' for personal information, does this include sensitive [personal] information?	<input type="checkbox"/>	<input type="checkbox"/>
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Section C: Where do you store this information asset?																																																									

Section D: What format is this information asset predominately held / stored in?

Select all that apply

Soft <input type="checkbox"/>	Hard <input type="checkbox"/>	Both <input type="checkbox"/>	Soft <input type="checkbox"/>	Hard <input type="checkbox"/>	Both <input type="checkbox"/>	Soft <input type="checkbox"/>	Hard <input type="checkbox"/>	Both <input type="checkbox"/>
Documents		<input type="checkbox"/>	Documents		<input type="checkbox"/>	Documents		<input type="checkbox"/>
Email		<input type="checkbox"/>	Email		<input type="checkbox"/>	Email		<input type="checkbox"/>
Spreadsheets		<input type="checkbox"/>	Spreadsheets		<input type="checkbox"/>	Spreadsheets		<input type="checkbox"/>
Audio		<input type="checkbox"/>	Audio		<input type="checkbox"/>	Audio		<input type="checkbox"/>
Photos/Images		<input type="checkbox"/>	Photos/Images		<input type="checkbox"/>	Photos/Images		<input type="checkbox"/>
Other (specify in line below)		<input type="checkbox"/>	Other (specify in line below)		<input type="checkbox"/>	Other (specify in line below)		<input type="checkbox"/>

Section E: Who created this information asset?

Section F: Who is the owner of this information asset?

Section G: Who holds/ stores this information asset?

Section H: If the CONFIDENTIALITY of this information were compromised, would it cause:

Select one box

Section I: Based on your response to Section H, you will need to mark your asset with one of the following labels (protective markings). Select the relevant marking.

0	1	2	3
No impact	Minor harm or damage	Limited harm or damage	Major harm or damage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0 = No protective marking required

1 = OFFICIAL

2 = OFFICIAL: Sensitive

3 = PROTECTED

0	1	2	3
No impact	Minor harm or damage	Limited harm or damage	Major harm or damage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0 = No protective marking required

1 = OFFICIAL

2 = OFFICIAL: Sensitive

3 = PROTECTED

0	1	2	3
No impact	Minor harm or damage	Limited harm or damage	Major harm or damage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0 = No protective marking required

1 = OFFICIAL

2 = OFFICIAL: Sensitive

3 = PROTECTED

Section J: If the INTEGRITY of this information were compromised, would it cause:

Select one box

0	1	2	3
No impact	Minor harm or damage	Limited harm or damage	Major harm or damage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0	1	2	3
No impact	Minor harm or damage	Limited harm or damage	Major harm or damage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0	1	2	3
No impact	Minor harm or damage	Limited harm or damage	Major harm or damage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section K: If the AVAILABILITY of this information were compromised, would it cause:

Select one box

0	1	2	3
No impact	Minor harm or damage	Limited harm or damage	Major harm or damage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, who approved this?			
Date of Approval:			

0	1	2	3
No impact	Minor harm or damage	Limited harm or damage	Major harm or damage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, who approved this?			
Date of Approval:			

0	1	2	3
No impact	Minor harm or damage	Limited harm or damage	Major harm or damage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, who approved this?			
Date of Approval:			

Section L: Is this information asset suitable for public release?

Select one box, and provide supporting comments if relevant

Duplicate sections A – L for each information asset as needed. This can be done by either copying and paste these sections into the document or by printing multiple copies of this document.