

Post Incident Review

Incident Details

Incident Title	
Incident Ref	
Incident Report Ref	
Service Affected	
Date/Time Service Impacted	
Date/Time Service Restored	
Major Incident Manger(s)	

Incident Description

Business Impact

Incident Summary & Action Performed

Incident Resolution

Affected Services (Please list all affected services)

ELEXON

Affected Users (Please provide an estimate of the number and groups of users impacted)

Major Activities and Timeline of Events

Please describe the major activities and their associated timestamps during the incident

Date & Time	Event	Comments

Root Cause Analysis

Root Cause (if known)

(If the root cause is not yet known, please provide the current status of the investigation)

Follow-up Actions

Please list any follow-up actions that have been identified as a result of this incident review

Owner	Action	Due

Process Review

Please provide a brief evaluation of the coordination and list any areas of improvement in the execution of the Major Incident Process

Additional Notes

Please provide any additional information or insights related to this incident