RiskVision System Information Form

**To be completed after a system has been approved to be entered into RiskVision

Name of System

LOCATION

Location Type

- ◯ VA Medical Center
- ◯ VBA Regional Office
- ◯ Other

Physical Address of System

If this system physically resides in a location where another VA FISMA tracked system/ application, provide the facility name/code as it is listed in RiskVision.
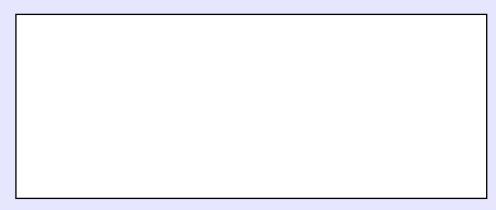
Region tag

System Information

Operated by:

- ◯ VA
- ◯ Contractor
- ◯ Both

IP Address Range of Servers Operating This System

Stakeholder Information

System Owner

Name

E-mail

Active Directory Login

Phone number

Role for
- ☐ Information System
- ☐ Facility

Information Security Officer

Name

E-mail

Active Directory Login

Phone Number

Role for
- ☐ Information System
- ☐ Facility

Information Security Officer

Name

E-mail

Active Directory Login

Phone Number

Role for
- ☐ Information System
- ☐ Facility

Person(s) Responsible to enter information security data for this system into RiskVision

Name

E-mail

Active Directory Login

Phone Number

Is this person a Facility CIO   ◯ Yes

◯ No

Person(s) Responsible to enter information security data for this system into RiskVision

Name

E-mail

Active Directory Login

Phone Number

Additional stakeholders of this system

Choose one

Name

E-mail

Active Directory Login

Phone Number

**If more stakeholders are needed, contact VAGRCServiceDesk@va.gov after the system has been added. An additional form will need to be completed.

_____

For RiskVision Administrator Use Only

Date VA GRC Service Desk
Ticket was entered

VA GRC Service Desk Ticket
Number

Date System was added to
RiskVision