Penetration Testing Report Penetration Testing Report (* filled by the requestor) **Request Number Request Date** Requestor Dep/Sector (* If **Requestor Name** internal requestor) Asset Owner(s) Number Asset Name(s) IP Address(s) **Penetration Testing Type Expected Date** (Blackbox/Greybox/Whitebox) **Vulnerabilities Details Report Number Report Date Vulnerability Vulnerability Name Affected Assets Asset Owner Risk Level Vulnerability Discovery** Number (Name/IP Address) (High/Medium/Low) Date Vulnerability **Vulnerabilities Description**

Number

Vulnerability Number	Vulnerabilities Impact Description
Vulnerability	Vulnerabilities Remediation Actions
Number	Vullierabilities Nemeulation Actions

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Vulnerability Number		Vulnerabilities/R	emediation References ((* if possible)		
Vulnerability						
Number						
Number	Vuln Remediation Action Plan	nerabilities Remediation Actic Department/Sector	n Plan Implementation Expected	Responsibility Signature	Comments	

		CSGD Dep Revie	ew & Evaluation		
Vulnerability	Remediation Action Plan	Implementation Review Result	Review Date	Signature	Comments
Number	Implementation Reviewer	(Success/Failure)			
	Name				