

Biosecurity Signal Triage Workbook

Evidence grading without panic

USE AND PRIVACY BOUNDARY

Educational planning tool only. Not medical, legal, regulatory, emergency-management, or cybersecurity compliance advice.

Do not write protected health information, patient names, credentials, secrets, or live incident details on this worksheet.

Review with qualified personnel. Follow official guidance, organizational policy, and applicable law.

VERSION	SOURCE	LAST REVIEWED
2026-08-21	HealthSecurity.tech	2026-08-21

Purpose: Grade biological or outbreak-related information without converting rumor, repetition, or uncertainty into panic.

Signal record

REVIEWER ROLE

DATE AND TIME ASSESSED

SIGNAL DESCRIPTION (NEUTRAL WORDING)

EARLIEST AVAILABLE SOURCE

GEOGRAPHY

POPULATION / SPECIES / SYSTEM AFFECTED

Evidence level

- ☐ 0 - Unverified rumor
- ☐ 1 - Single media or social report
- ☐ 2 - Multiple independent public reports
- ☐ 3 - Local or official advisory
- ☐ 4 - Laboratory-confirmed or agency-confirmed signal
- ☐ 5 - Multi-source official pattern with operational relevance

Note: The evidence level describes support for a claim. It does not diagnose anyone, determine severity, or predict an outbreak.

Source reliability

- ☐ Original source identified rather than a repost or screenshot.
- ☐ Publication date, revision date, methods, and location are visible.
- ☐ The source has authority or direct access relevant to the claim.
- ☐ Independent reports do not merely repeat the same source.
- ☐ Conflicts, corrections, and important limitations are recorded.

What is known?

Record only what the cited evidence directly supports.

What is unknown?

Include missing confirmation, baseline, denominator, methods, geography, timing, and plausible alternative explanations.

Possible operational impact

Describe a conditional consequence without treating it as a forecast.

Actions appropriate now

- ☐ Continue monitoring a named official source.
- ☐ Ask a qualified public-health or subject-matter contact for interpretation.
- ☐ Check whether ordinary continuity plans already cover the potential consequence.
- ☐ Correct internal misinformation without amplifying the claim.

Actions that would be premature

- ☐ Publicly repeat an unverified claim.
- ☐ Infer individual clinical risk from population-level data.
- ☐ Declare an emergency or cause without accountable confirmation.
- ☐ Bypass official guidance or organizational decision authority.

Next source to check

SOURCE / URL

OWNER

REVIEW TIME OR TRIGGER

WHAT WOULD CHANGE THIS ASSESSMENT?

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