

Attachment

Personal Data Infringement Incident Notification and Record Form		
Name of business	Notification time: (year) (month) (day) (hour) (minute)	
	Notifier: Signature (seal)	
Notified agency	Job title:	
	Telephone:	
	Email:	
	Address:	
Time of incident		
Type of incident	<input type="checkbox"/> Theft	Total no. of personal data infringements (approx.)
	<input type="checkbox"/> Leak	
	<input type="checkbox"/> Tampering	
	<input type="checkbox"/> Damage	General personal data, ___ records Special personal data, ___ records
	<input type="checkbox"/> Lost	
	<input type="checkbox"/> Other infringement	
Summary of incident and cause		
Damage status		
Possible consequences of the personal data infringement		
Response measures to be taken		
Expected time and method of notifying the Parties		
Incident reported within 72 hours of discovering personal data leak?	<input type="checkbox"/> Yes <input type="checkbox"/> No, reason:	