

Attached Schedule

Record Form for Incident Infringing Personal Information		
Name of the Western Pharmaceutical Wholesaler or Retailers:	Report Time: (YYYY/MM/DD/HH:MM)	
Reported to:	Reported by:	Signature (Seal)
	Title:	
	Tel.:	
	Email:	
Address:		
Time of Occurrence of the Incident		
Type of the Incident Occurs	<input type="checkbox"/> Theft <input type="checkbox"/> Leakage <input type="checkbox"/> Tampering <input type="checkbox"/> Damage <input type="checkbox"/> Loss <input type="checkbox"/> Other infringement incidents	In total, (approx.) _____ pieces of personal information infringed
		<input type="checkbox"/> _____ pieces of general personal information <input type="checkbox"/> _____ pieces of special personal information
Reason(s) of the Occurrence and Summary of the Incident		
Status of Damage		
Possible Damage to the Personal Information		

Response Measures to be Taken	
The Time and Method of Notification to the Parties Concerned	
Reported within 72 hours after discovering the leakage of personal information?	<input type="checkbox"/> Yes <input type="checkbox"/> No, the Reason(s)