

Attached Form

Record Form for Incident Infringing Personal Information	
Name of food business:	Reporting time: yyyy/mm/dd/hh/mm Reporter: (Signature or seal) Title: Telephone:
Reporting to:	E-mail: Address:
Time of occurrence of the incident	
Type of incident	<input type="checkbox"/> Theft <input type="checkbox"/> Leakage <input type="checkbox"/> Tampering <input type="checkbox"/> Damage <input type="checkbox"/> Loss <input type="checkbox"/> Other
	Total number of personal data breach (approx.) _____ <input type="checkbox"/> General personal data _____ <input type="checkbox"/> Special personal data _____
Cause for the incident and description of the incident	
Status of damage	
Potential consequences of personal data breach	
Corresponding measures to be adopted	
Time and method to inform the information owner	
Have you notify the information owner within 72 hours after discovering the breach?	<input type="checkbox"/> Yes <input type="checkbox"/> No, why: