

## 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: _____  E-mail: _____  Address: _____	
Reporting to:		
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: _____	