Data Breach Assessment Record

Incident Details

Date of Incident: [_____]

Time of Incident: [_____]

Location of Incident: [_____]

Reported By: [_____]

Data Details

Type of Data Exposed: [_____]

Number of Individuals Affected: [_____]

Breach Assessment

Cause of Breach:

[_____]

Potential Impact:

[_____]

Immediate Actions Taken:

[_____]

Assessment Outcome

Assessment Summary:

[_____]

Further Actions Required:

[_____]

Record Completion

Assessor Name: [_____]

Date Completed: [_____]

Submit