

Document Identifier: Data Breach Incident Form

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An Associated College of Trinity College Dublin, the University of Dublin

Document Title:	Data Breach Incident Form
Description:	(ref MIE Data Breach Policy and Procedures) to be completed in the case of a data breach within MIE
Author (Position):	Data Protection Officer
Version:	1
Approved By:	Governing Body
Policy Approval Date:	January 2021
Date of Next Policy Review:	January 2024 (or as necessary)

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Data Breach Incident Form

DPO/INVEST	GATOR DET	TAILS:						
NAME:				POSITION:				
DATE:				TIME:				
TELEPHONE:				EMAIL:				
INCIDENT INF	ORMATION	J:						
DATE & TIME	/ PERIOD C	OF BREACH:						
DESCRIPTION	I & NATURE	OF BREACH:						
TYPE OF BRE	ACH:							
CATEGORIES		JBJECTS AFFE	CTED:					
CATEGORIES	OF PERSON	AL DATA REC		NCERNED:				
NO. OF DATA	SUBJECTS			NO. OF RECO	ORDS			
AFFECTED:				INVOLVED:				
	ACTION TAK	KEN TO CONT	AIN/MIT	IGATE BREACH	1:			
STAFF INVOL	VED IN BRE	ACH:						
PROCEDURES		IN BREACH:						
THIRD PARTI	ES INVOLVE	D IN BREACH	:					
BREACH NOT	IFICATIONS	:						
WAS THE DA	TA PROTEC			OTIFIED OF TH	E INCIDEN	Т?	YES	NO
• IF ' <u>NO</u>	<u>'</u> , PROVIDE	REASON(S) V	VHY:					

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IF ' <u>YES'</u> , WAS THE NOTIFICATION MADE WITHIN 72 HOURS?	YES	NO
• IF NOT WITHIN 72 HOURS, PROVIDE REASON(S) FOR THE DELAY IN NO	TIFICATI	ON:
WAS THE FOLLOWING INFORMATION PROVIDED? (if applicable)	YES	NO
a description of the nature of the personal data breach		
the categories and approximate number of data subjects affected		
the categories and approximate number of personal data records concerned		
the name and contact details of the Data Protection Officer and/or any other relevant point of contact (for obtaining further information)		
a description of the likely consequences of the personal data breach		
a description of the measures taken, or proposed to be taken, to address the personal data breach (including measures to mitigate possible adverse effects)		
HAVE AFFECTED DATA SUBJECT(S) BEEN NOTIFIED OF THE INCIDENT?		NO
IF 'NO', PROVIDE REASON(S) WHY:		
IS NOTIFICATION TO OTHER EXTERNAL REGULATORS / STAKEHOLDERS (eg GARDAÍ) REQUIRED?	YES	NO
• IF 'YES', PROVIDE DETAILS.		•
INVESTIGATION INFORMATION & OUTCOME ACTIONS:		
DETAILS OF INCIDENT INVESTIGATION:		
PROCEDURE(S) REVISED DUE TO BREACH: (if applicable)		
STAFF TRAINING PROVIDED: (if applicable)		



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DETAILS OF ACTIONS TAKEN AND INVESTIGATION OUTCOMES:								
			1					
HAVE THE MITIGAT	ING ACTIONS PREVENTED RECURRENCE OF THE BREA	ACH? YES	NO					
• IF ' <u>YES'</u> , GIV	E DETAILS:							
			1					
WERE APPROPRIAT	RES YES	NO						
• IF ' <u>YES'</u> , DES	CRIBE MEASURES:							
IF "NO', PROVIDE DETAILS:								
INVESTIGATOR:	SIGNED:							
AUTHORISED BY:	DATE:							