|  |  |  |  |
| --- | --- | --- | --- |
| Data Subject (person who the information is about) | | | |
| Full Name: |  | Title: |  |
| Position held at PGS |  | | |
| Incident number: |  | | |

| Explain how a data breach may have occurred? Where, how, when. |
| --- |
|  |
| Number of data subjects that may be affected? |
|  |
| Description of any action taken at the time. |
|  |

**To be completed by the Governance and Compliance Officer**

| Follow up action |
| --- |
|  |
| If reportable to ICO confirm detail |
|  |

| Declaration: | | | |
| --- | --- | --- | --- |
| I hereby confirm that all the information in this form is a true and accurate reading | | | |
| Staff Signed: |  | Dated: |  |
| DPO Signed: |  | Dated: |  |