Camera installation would (please indicate which criteria apply):

- Enhance public safety in an area where there is a perceived or real risk;
- Prevent and deter behaviour that may be contrary to the criminal code or University policy;
- Assist in the protection of property;
- Other: ________________________________

Has there been previous incidents in this area?
Yes ____       No_____
If yes, please provide detail on occurrence type, frequency and timing:

Site Visit Checklist

- Positioning of Camera ________
- Obstructions ________________
- Angle Required _____________
- Nature Egress ______________
- Lighting ________________
- Controlled Access on Doorway __________
- Risk to Privacy ______________
- Current Signage ______________
- Isolation __________________
- Other (please list and make additional comments as required) __________________________

Comments and Evaluation

Primary Purpose of Camera (e.g. door monitoring, high traffic area, high incidents, loss prevention, asset protection etc.):
______________________________________________________________________________
______________________________________________________________________________

Primary Visual Target of Camera (e.g. equipment, person, large grouping):
______________________________________________________________________________
______________________________________________________________________________

Visual Acuity Required (e.g. face recognition, general situational awareness):
______________________________________________________________________________
______________________________________________________________________________
Lighting

Possible Obstructions (e.g. bulkheads, signage)

Required Operational Hours (e.g. activity triggered, evening, after closure):

Would you support central funding for this request?
Yes _____  No ______

Based on evaluation the priority level consideration would be:
Urgent (e.g. high risk, threat)_____High _____  Medium _____  Low_____ No Priority_____

Installation Request Date: (if applicable):   (dd/mm/yy)____________

Additional Comments:

Initial Approval: _____ Granted   _____ Denied

Reviewed by:

____________________  __________________________
CCP Officer          (dd/mm/yy)
Physical Resources (Electronic Access) Assessment

Work Order Submitted: (dd/mm/yy)________

CCTV Type: ________________________________

Range of Shot ________________________________

Zoom ______________________________________

Repositionable ________________________________

Sensitivity ________________________________

Interior/Exterior ________________________________

Proposed Framing of Camera Attached? _____ YES _____ PENDING

Layout Drawing Attached? _____ YES _____ PENDING

Approved by: ________________________________

Signature ________________________________ (dd/mm/yy)