

## Audio Visual Surveillance Technology Installation/Activation Request

Department Name: \_\_\_\_\_ System Member: \_\_\_\_\_  
Camera Location:( Bldg. # & Name ) \_\_\_\_\_ Request Date: \_\_\_\_\_  
Primary Contact Name: \_\_\_\_\_ Desired Installation Date: \_\_\_\_\_  
Phone Number and Email: \_\_\_\_\_

### Purpose of Surveillance Equipment:

Describe specific reasons for installation. If this request is based on a concern for safety or theft, please indicate whether the concern is based on potential incidents that might occur or actual events that have occurred previously. (Attach document if needed.)

### Installation Details:

#### Installation Life/Location:

- Temporary, End Date \_\_\_\_\_
- Permanent

#### Operation Hours:

- 24x7
- After hours
- Other, please specify \_\_\_\_\_

#### Recording:

- Not Recorded
- Recorded

#### Real Time (live) Monitoring:

- Not monitored
- Periodically Monitored
- Continuously Monitored

*If continuously or periodically monitored, is the viewing/monitoring area secure from unauthorized observers?*

*Monitoring Schedule (only if monitored in real time):*

#### Camera Features (Check all that apply)

- Pan
- Tilt
- Zoom
- Fixed
- Other (please specify): \_\_\_\_\_

#### Camera Connection:

- Wired
- Wireless

*Comments:*

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### Site Plan:

Please **attach a floor plan** showing the location and field of view for each camera in the request. Also please provide the total number of cameras in the building and the number of cameras per floor (for multi-floor facilities).

**Please list** room numbers and/or a location description (e.g., NW stairwell 2<sup>nd</sup> floor, SE entrance, etc.) for each camera.

### Security Plans

#### Server Security Plan:

Describe location, access control, and logging access

Server Location: (Bldg. # & Name): \_\_\_\_\_

### Appropriate Use and Training

I certify that all persons having direct access to AVST data that is stored and/or managed by my department will:

\_\_\_\_\_ Complete the Audio Visual Surveillance Technology (AVST) Operations Training (TrainTraq course # 2111557) as specified in the AVST Operational Standards & Guidelines and sign/acknowledge the AVST Ethics Statement (contained within the training).

I understand that if the training requirements are not met, prior approvals for installation/activation of surveillance equipment may be revoked by the AVST committee.

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Resource Owner - Printed Name ( Must be Director, Dean or Department Head )	Title	Signature	Date
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