



CCTV REVIEW REQUEST FORM

Company/Organization:		Form ID: <i>GSRSC - CCTVRRF</i>	Version No.03
Date of Request:		Reference No:	
Category:	<input type="checkbox"/> Accident <input type="checkbox"/> Incident <input type="checkbox"/> Security <input type="checkbox"/> Theft <input type="checkbox"/> Other: _____		

Details of Request

Reason: (Please use another sheet if the space provided is not adequate)

Location of Area to View:			
Date of Incident:		Time of Incident:	

Non-Disclosure Agreement

Any CCTV footage accessed during the review process is strictly confidential and may not be disclosed to any third party without explicit permission. The requesting party will not, as authorized or required by the requesting party's duties hereunder, reveal or divulge any information contained in the CCTV footage. The CCTV footage is to be used solely for the stated purpose mentioned above and may not be used for any other reason. After the review is completed or upon request, any copies of the CCTV footage must be returned or destroyed. All individuals involved in the CCTV review process are expected to comply with all relevant laws and regulations governing the handling of this footage.

<p>Declaration I certify that the information given on this form is true.</p> <p>_____ Signature Above Printed Name/Date Requester</p>	<p>Verified by:</p> <p>_____ Signature Above Printed Name/Date Admin</p>	<p>Approved by:</p> <p>_____ Signature Above Printed Name/Date Operations Manager / OM</p>
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Notes:

Extraction / Viewing Details

Date & Time of Playback/Extraction: _____ Camera #: _____ DVR #: _____

<p>Assisted/Issued by:</p> <p>_____ Signature Above Printed Name/Date CCTV Personnel</p>	<p>Viewed / Received by:</p> <p>_____ Signature Above Printed Name/Date Requester</p>
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