

OPER-600B: VIDEO/ELECTRONIC SECURITY SYSTEM REQUEST FORM



Name of School and Community:	Date:
Installation Proposed: <input type="checkbox"/> New <input type="checkbox"/> Change/Expansion <input type="checkbox"/> File Update <input type="checkbox"/> Came Equipped with New School	
If new, how many cameras are you proposing to install? _____ If changing, expanding or updating your system, how many cameras do you have in place now? Interior _____ Exterior _____ How many additional cameras are you proposing to install? Interior _____ Exterior _____ <input type="checkbox"/> Floor plan Attached indicating camera placement	
Briefly describe rationale for request <i>(attach additional information if necessary)</i> : 	
Please list specific dates and incidents serving as rationale for system and location of cameras: namely is there a real, pressing and substantial problem which is ongoing in nature that has not and cannot be mitigated by other less privacy intrusive measures.	
Date:	Description of Incident:
Has your school council been informed about your application:	<input type="checkbox"/> Yes <input type="checkbox"/> NO

Have alternatives to video/electronic surveillance been implemented:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
If yes, what was done:		
Who will have access to the Video/Electronic Security System Monitors?		
How will surveillance recordings be stored/saved?		
What are the proposed hours of operation of the surveillance?		
Is/will the system be connected to the computer network?:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
If yes, has access to the system been confirmed as restricted by the NLESD IT Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO

Video/Electronic Security System Policy and Admin Procedures/Regs have been reviewed: Yes NO

School Administrator: _____
Name (Please Print)
Signature

Date: _____

FOR OFFICE USE ONLY:
Approved: _____ Date: _____
<i>Assistant Director of Education (Corporate Services)/Designate</i>

Privacy Review _____ Date: _____ ATIPP Coordinator Privacy Form Completed and Attached: <input type="checkbox"/> Yes <input type="checkbox"/> NO Time limit for operation of system, if applicable: _____
Facilities Review _____ Date: _____ Director of Facilities Number of cameras approved: _____