

PS-02.4 Form: Request for Surveillance Systems and Devices

Video and electronic surveillance systems shall only be installed and operated following prior review and written approval by the Designated Campus Authority. This form must be completed, submitted to the Designated Campus Authority, and approved prior to any new surveillance installations or updates to existing installations.

Requestor: *(individual requesting approval of the surveillance system/device)*

Name: _____ Date: _____
Email Address: _____ Phone Number: _____
Position/Title: _____ Campus Unit/Dept: _____

Signature: _____

(By signing, requestor asserts installation and operation of the surveillance system shall comply with applicable law and policy PS-02)

Requestor's Supervisor: *(to be completed by the Supervisor of the Requesting individual)*

Name: _____ Date: _____
Email Address: _____ Phone Number: _____
Position/Title: _____ Campus Unit/Dept: _____
Signature: _____

Surveillance System/Device Information:

1. In what building/floor/room/location(s) will the system/device be located?

2. Is this request for installation of a new system/device or an update to an existing one? *(check only one)*

- new surveillance system/device
 update to an existing surveillance system/device

3. What is the intended use of this surveillance system/device? *(check only one)*

- public safety *(for public safety, emergency preparedness and response purposes)*
 security *(deployed based on the value, criticality, or sensitivity of a university asset)*
 operational effectiveness *(provides additional value to the operation of a university unit)*
 public convenience *(monitors/records public areas and provides useful information and images to the general public)*

4. Please describe the nature of the physical space covered by the system/device and the activities reasonably likely to be captured.

5. Will the system/device monitor/record any of the following? *(check all that apply)*

- residential hallway
 residential lounge
 daycare facility
 entryway and/or exit way to/from a medical treatment facility
 sensitive institutional or personal information

6. Please provide the justification for the system/device (i.e., history of issues or cash handling or complaints of safety, etc...)

7. Please explain how the surveillance information may be reviewed and/or used.

8. What measures have been taken to minimize the impact on personal privacy?

9. Please provide a list of all Operators (by name **and** position/title) who will seek to have access to the surveillance system/device and associated surveillance information. Please attach one completed PS-02.5 form for each requested Operator. Forms can be found at:

<http://policies.iu.edu/policies/categories/administration-operations/public-safety-institutional-assurance/PS-02.shtml>

10. How many devices are you requesting?

11. Please provide the following implementation details for each system/device requested.

Device: (repeat this section as many times as necessary - one for each device being requested)

Type: _____

- type of device (photographic camera, video camera, microphone)

Location: _____

- where device will be physically installed

Field of View and/or Range: _____

- field of view of the camera or range of the microphone

Capabilities: _____

- capabilities of the camera (video, audio, pan, tilt, zoom, etc.) or microphone

Storage and Retention: _____

- where and how long the Surveillance Information will be stored and retained (Milestone system retained per policy, Lenel system retained per policy)

12. Please provide the following implementation details for each system/device covered by this request.

Device: (repeat this section as many times as necessary - one for each device being requested)

Type: _____

- type of device (photographic camera, video camera, microphone)

Location: _____

- where device will be physically installed

Field of View and/or Range: _____

- field of view of the camera or range of the microphone

Capabilities: _____

- capabilities of the camera (video, audio, pan, tilt, zoom, etc.) or microphone

Storage and Retention: _____

- where and how long the Surveillance Information will be stored and retained (Milestone system retained per policy, Lenel system retained per policy)

13. Please provide the following implementation details for each system/device covered by this request.

Device: (repeat this section as many times as necessary - one for each device being requested)

Type: _____

- type of device (photographic camera, video camera, microphone)

Location: _____

- where device will be physically installed

Field of View and/or Range: _____

- *field of view of the camera or range of the microphone*

Capabilities: _____

- *capabilities of the camera (video, audio, pan, tilt, zoom, etc.) or microphone*

Storage and Retention: _____

- *where and how long the Surveillance Information will be stored and retained (Milestone system retained per policy, Lenel system retained per policy)*

14. Please provide the following implementation details for each system/device covered by this request.

Device: *(repeat this section as many times as necessary - one for each device being requested)*

Type: _____

- *type of device (photographic camera, video camera, microphone)*

Location: _____

- *where device will be physically installed*

Field of View and/or Range: _____

- *field of view of the camera or range of the microphone*

Capabilities: _____

- *capabilities of the camera (video, audio, pan, tilt, zoom, etc.) or microphone*

Storage and Retention: _____

- *where and how long the Surveillance Information will be stored and retained (Milestone system retained per policy, Lenel system retained per policy)*

15. Please provide the following implementation details for each system/device covered by this request.

Device: *(repeat this section as many times as necessary - one for each device being requested)*

Type: _____

- *type of device (photographic camera, video camera, microphone)*

Location: _____

- *where device will be physically installed*

Field of View and/or Range: _____

- *field of view of the camera or range of the microphone*

Capabilities: _____

- *capabilities of the camera (video, audio, pan, tilt, zoom, etc.) or microphone*

Storage and Retention: _____

- *where and how long the Surveillance Information will be stored and retained (Milestone system retained per policy, Lenel system retained per policy)*

16. Please provide the following implementation details for each system/device covered by this request.

Device: *(repeat this section as many times as necessary - one for each device being requested)*

Type: _____

- *type of device (photographic camera, video camera, microphone)*

Location: _____

- *where device will be physically installed*

Field of View and/or Range: _____

- *field of view of the camera or range of the microphone*

Capabilities: _____

- *capabilities of the camera (video, audio, pan, tilt, zoom, etc.) or microphone*

Storage and Retention: _____

- *where and how long the Surveillance Information will be stored and retained (Milestone system retained per policy, Lenel system retained per policy)*

17. Please provide the following implementation details for each system/device covered by this request.

Device: *(repeat this section as many times as necessary - one for each device being requested)*

Type: _____

- *type of device (photographic camera, video camera, microphone)*

Location: _____

- *where device will be physically installed*

Field of View and/or Range: _____

- *field of view of the camera or range of the microphone*

Capabilities: _____

- capabilities of the camera (video, audio, pan, tilt, zoom, etc.) or microphone

Storage and Retention: _____

- where and how long the Surveillance Information will be stored and retained (Milestone system retained per policy, Lenel system retained per policy)

18. Please provide the following implementation details for each system/device covered by this request.

Device: (repeat this section as many times as necessary - one for each device being requested)

Type: _____

- type of device (photographic camera, video camera, microphone)

Location: _____

- where device will be physically installed

Field of View and/or Range: _____

- field of view of the camera or range of the microphone

Capabilities: _____

- capabilities of the camera (video, audio, pan, tilt, zoom, etc.) or microphone

Storage and Retention: _____

- where and how long the Surveillance Information will be stored and retained (Milestone system retained per policy, Lenel system retained per policy)

19. Please send floor plans, along with this completed form, to the Designated Campus Authority for your campus. Floor plans should be marked to identify the requested camera locations and the angle and direction of each camera requested.

Designated Campus Authority: (to be completed only by the Designated Campus Authority)

Name: _____

Date: _____

Email Address: _____

Phone Number: _____

Approval Signature: _____

Notes: _____

Form Submission and Related Information:

Completed forms should be sent to the appropriate Designated Campus Authority:

IU Bloomington: dca-l@indiana.edu

IUPUI Indianapolis: dca-l@iupui.edu

IU East: dca-l@iue.edu

IU Kokomo: dca-l@iuk.edu

IU Northwest: dca-l@iun.edu

IU South Bend: dca-l@iusb.edu

IU Southeast: dca-l@ius.edu

Related Information:

PS-02 Policy - Video and Electronic Surveillance: <http://policies.iu.edu/policies/categories/administration-operations/public-safety-institutional-assurance/PS-02.shtml>