

**APPENDIX A**

**ACCESS TO VIEW OR COPY IMAGES PRO FORMA**

Name of person making request:	<i>To be completed by Security Officer</i>
Organisation:	
Address:	
Telephone Number:	

**DETAILS OF IMAGE TO BE VIEWED**

Date:	<i>To be completed by Security Officer/System owner</i>	Date of Incident:	<i>To be completed by Security Officer/System owner</i>
Reason:	<i>To be completed by requesting organisation/individual</i>		
Signed:	<i>Security Officer/System owner</i>	Dated:	<i>To be completed by Security Officer/System owner</i>
Request Granted:	<i>By Trust Senior Manager</i>	Request Denied (Reason):	<i>By Trust Senior Manager</i>

**TO BE COMPLETED IF IMAGES ARE REMOVED**

Ref. No.	<i>Site initials/start record from no.1/date of recording/CCTV camera no. e.g. CR/1/140708/CCTV1</i>		
Issued To:	<i>To be completed by Security Officer/System owner</i>		
Crime No: (For police only)	<i>To be completed by Police Officer</i>		
Date Issued:	<i>To be completed by Security Officer/System owner</i>		
Issued By:	<i>Name of Security Officer/System owner</i>		
I acknowledge receipt of the above CD:			
Signed:	<i>Recipient</i>	Date:	
I acknowledge receipt of the above CD:			
Return Date:	<i>To be completed by Security Officer/System owner</i>		
Signed:		Date:	