

CCTV Footage Request Form

Requester Information:

- Full Name:
- Position/Title:
- Department:
- Contact Number:
- Email Address:

Date of Request:

- Date and Time of Incident/Activity:
- Location of Incident/Activity:

Footage Details:

- Camera Location(s):
- Start Date (dd-mm-yyyy):
- End Date (dd-mm-yyyy):
- Start Time (hh:mm:ss):
- End Time (hh:mm:ss):

Justification for Request:

[Provide a detailed explanation of why the CCTV footage is being requested, including the nature of the incident or activity under investigation.]

Responsibilities

1. Privacy and Confidentiality:

- I acknowledge the importance of safeguarding the privacy of individuals seen in the footage.
- I understand that any information obtained must be treated confidentially.

2. Adherence to Procedures:

- I commit to following the procedures outlined in this SOP during access and analysis.
- I pledge to comply with all relevant laws, regulations, and organizational policies.

3. Timely Reporting:

- I agree to provide a detailed report to the Operations team promptly if pertinent information is found.
- I will ensure clarity and accuracy in the report.

4. Collaboration with Operations Team:

- I commit to cooperating and communicating openly with the Operations team.
- I will provide any necessary information during the investigation process.

By signing below, I confirm that I understand and accept these responsibilities.

Requester's Signature	Date

Approval:

Approved By	Approver's Signature	Date of Approval