| rEQUEST FOR on-site security assessment |
| --- |
| Date of request:  | Date of site visit: |
| **BUILDING NAME/LOCATION**: |
| Address:Room Number(s): |
| Contact Name: | Contact Phone: | Contact Email: |
| \_\_ University Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ University Affiliate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dean/Director/Chairperson Approval: *(Signature Required)*Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| request details |
| Reason for the Assessment: |
| Security Issues or Concerns: |
| Existing Security Devices/Measures: |
| **PSO RECOMMENDATION** |
| Physical Changes: |
| Technology Update: |
| Security Cameras: |
| Alarms:  |
| Card Access: |
| Personnel Training: |
| Other: |
| Remarks: |
| PSO Project Manager:  | Phone #: | PSO Project #: |
| Signature: Date Completed: |