**

**Application #**

*to be completed by Committee*

**Audio Video Security System Request Form**

***Instructions:***

**REQUESTING DEPARTMENT**

* Create a separate request for EACH area being considered for AVS
* Forward ***all*** pages of this request to Facilities Services ([facility@viu.ca](mailto:facility@viu.ca))

|  |  |  |  |
| --- | --- | --- | --- |
| ***To be completed by  REQUESTING DEPARTMENT*** | ***REQUEST*** | | |
| **Application Date** |  | |
| **Requestor’s Name & Position Title** | **Name:**  **Position Title:** | |
| **Type of System Requested** |  | |
| **Area of Coverage**  Please include—   * *Building/Room Number  (as applicable)* * *Picture and/or floor plan of area* |  | |
| **Identified Risks** |  | |
| **Recent security/safety incidents**  *Attach incident report(s) if applicable* |  | |
| **Other options considered** |  | |
| **Faculty or Department** |  | |
| **Dean or Senior Administrator** | *Print/Type Name* | *Signature* |

***Forward to Facilities Services***

|  |  |  |
| --- | --- | --- |
| ***To be completed by  FACILITIES SERVICES*** | ***RISK ASSESSMENT*** | |
| **Completed by** |  |
| **Comments** |  |
| **Date** |  |

***Forward to AVS Committee***

|  |  |  |
| --- | --- | --- |
| ***To be completed by  AVS COMMITTEE*** | ***COMMITTEE REVIEW*** | |
| **Date** |  |
| **Recommendation** |  |

***Forward to Associate Vice-President, Facilities & Ancillary Services***

☐ Recommended

Date AVPFAS

***Forward to University Secretary***

☐ Approved

Date University Secretary

***Forward to AVPFAS***