

MKSI LEICSTER CCTV REVIEW REQUEST FORM

This form must be completed by all persons at the point of requesting the review of a CCTV footage.

Please Note –

A) Access to CCTV material is solely restricted to the following personnel:

- Health and Safety Officer,
- Head of Audio and Visual
- Only Female Members of the Management Committee if incident relates to cameras located in the Ladies section
- Members of the MC in the absence of the above

B) This Form must be completed with 5 days of the incident. MKSI Leicester only holds footage for 7 days after which it is not possible to access the recordings.

C) The Form must be submitted by email to health-safety@mksileicester.org

Name / Contact Details

Name: _____ Surname: _____

Contact Number: _____ Email Address: _____

Address: _____

CCTV Details

Please detail the purpose for your request, including dates, times of footage to be examined.

Has CCTV material been released into your custody? Yes No

IF NO – Reason for Refusal: _____

Date footage recorded: _____

Time footage recorded: _____

Camera name/location: _____

Please note, once the CCTV material is released into your custody, you undertake the responsibility for its security, disclosure and disposal thereafter.

Signature: _____ **Date:** _____
(Requesting/Receiving party)

Signature: _____ **Date:** _____
(Health and Safety Officer)