| 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: | | | |