

REQUEST FOR ON-SITE SECURITY ASSESSMENT

DATE OF REQUEST:	DATE OF SITE VISIT:
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BUILDING NAME/LOCATION:

Address:

Room Number(s):

Contact Name:	Contact Phone:	Contact Email:
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<input type="checkbox"/> University Unit _____ <input type="checkbox"/> University Affiliate _____ <input type="checkbox"/> Other _____	Dean/Director/Chairperson Approval: <i>(Signature Required)</i> Name: _____ Date: _____
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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 #:
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Signature:	Date Completed:
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