Toronto District School Board

Form 694B
November 5, 2005

Video Surveillance: Control of Recordings Journal

BUILDING: _____

Date Recorded dd/mm/yy	**Tape CD-ROM Number**	**Location of Camera**	**Surveillance Period Date/Time**		**Date Viewed** dd/mm/yy	**Viewed By** (name)	**Reason(s)**
			To	**From**			