University of Cincinnati  
Department of Public Safety / Technical Services  
Security Camera Acceptance Form

VAR _______________________________ Technician _________________________________

Building _______________________________________________________________________

Project # / name __________________________________________________________________

Camera Location __________________________ Camera # _________ of ________ Cameras

Camera make/model _________________________________ Fixed ___          PTZ ___

Camera Serial # _________________________________________________________________

Camera IP __________________________ Obtained from: ______________________________

(Inspection cannot be completed unless As-Built drawings have been submitted. Inspection will be completed within 10 business days after receipt of drawings.)

As-Built drawings submitted?     Y N      __________________
As-Built drawings complete? (locations, paths, wire #'s) Y N ______
Camera on the UC approved list?    Y N      __________________
Camera properly installed?     Y N      __________________
Camera mount secure?     Y N      __________________
Wiring is CAT 6 plenum?     Y N      __________________
Wires properly concealed?      Y N      __________________
Surface wires ran in conduit?     Y N      __________________
Cables labeled on both ends?     Y N      __________________
Penetrations sealed?       Y N      __________________
Power injector properly installed & secured?   Y N      __________________
Camera properly aimed & focused?     Y N      __________________
UC Default camera login programmed on camera Y N ______

(After camera installation is inspected and approved, VAR can schedule a time with UC technicians to program the camera into the DvTel system.)

DvTel Camera Name _____________________________________________________________

UC standard applied ____  Properly functioning in DvTel ____  PTZ properly functioning ____

Notes: ________________________________________________________________________
                                                                                           ________________________________________________________________________
                                                                                           ________________________________________________________________________

Approved:  Y   N

UC Technician       date ______________    VAR       date: _________________

Name: ______________________________  Name: ______________________________

Sign: ________________________________  Sign:________________________________

UC & VAR