

Unique Reference Number	
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Part II of the Regulation of Investigatory Powers Act 2000

Review of a Directed Surveillance authorisation

Public Authority <i>(including address)</i>	
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Applicant		Unit/Branch /Division	
Full Address			
Contact Details			
Operation Name		Operation Number* <small>*Filing Ref</small>	
Date of authorisation or last renewal		Expiry date of authorisation or last renewal	
		Review Number	

Details of review:

1. Review number and dates of any previous reviews.	
Review Number	Date

2. Summary of the investigation/operation to date, including what private information has been obtained and the value of the information so far obtained.
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3. Detail the reasons why it is necessary to continue with the directed surveillance.

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4. Explain how the proposed activity is still proportionate to what it seeks to achieve.

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5. Detail any incidents of collateral intrusion and the likelihood of any further incidents of collateral intrusions occurring.

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6. Give details of any confidential information acquired or accessed and the likelihood of acquiring confidential information.

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7. Applicant's Details

Name (Print)		Tel No	
Grade/Rank		Date	

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Signature	
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8. Review Officer's Comments, including whether or not the directed surveillance should continue.
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9. Authorising Officer's Statement.
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I, [insert name], hereby agree that the directed surveillance investigation/operation as detailed above [should/should not] continue [until its next review/renewal][it should be cancelled immediately].

Name (Print)	Grade / Rank -----
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Signature -----	Date -----
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10. Date of next review.	
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