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| North East Lincolnshire Council logo |  | Internal Ref: | NELC  RIPA 01 APP4 |
| Review date | n/a |
| Version No. | V01.1 |
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# Part II of the Regulation of Investigatory Powers Act 2000

# Cancellation of a Directed Surveillance authorisation

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| **Public Authority**  *(including full address)* | | | North East Lincolnshire Council  *Enter full address* | | | | | |
|  | | | | | | | | |  | |
| Name of Applicant | | *Enter name of officer completing application* | **Unit/Branch /Division** | *Enter team name, service & directorate* | | | | |
| **Full Address** | | *Enter address of team base* | | | | | | |
| **Contact Details** | | *Enter telephone numbers (including mobile if appropriate) & e-mail address* | | | | | | |
| **Investigation/Operation Name (if applicable)** | | *Enter unique operation name. If no operation name use subject name* | | | | | | |
|  | | | | | | | | |
| **Details of cancellation:** | | | | | | | | |
| 1. **Explain the reason(s) for the cancellation of the authorisation:** | | | | | | | | |
| *Completion of this section required by investigating officer.*  *Provide details of why you no longer need to conduct directed surveillance.*  *For example, you have achieved the objectives of the surveillance (state what these were), the surveillance conducted has not provided any evidence to progress your investigation, the scope of the directed surveillance has changed from that originally approved by the Magistrate, etc*  *Also record details of any collateral intrusion in this section.* | | | | | | | | |

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| 1. **Explain the value of the directed surveillance in the operation:** | | | | | | | | | | | | | | | |
| *Provide details of how the directed surveillance has progressed your investigation. What evidence has it provided to assist in proving or disproving your case. This should just be a summary. The detail will be included in the next section.* | | | | | | | | | | | | | | |
| 1. **What product has been obtained as a result of the surveillance activity?** (You should list here the dates and times of the activity; the nature of the product (i.e., what it shows) and its format (e.g., visual recordings; stills images); associated log/reference numbers; where the product is to be held; and the name of the officer responsible for its future management.) ***nb*** *– if you have already provided these details in earlier reviews, a cross-reference here should suffice.* | | | | | | | | | | | | | | |
| Dates/times | | | Product obtained | | | Format & reference numbers | | | Storage location | | | | Officer responsible | |
| *Enter the date/time of each directed surveillance activity* | | | *Enter details of what was observed* | | | *Enter details of how the observations were recorded (eg, video recording, still photo, notes recorded in pocket book etc)* | | | *Where the product will be held (include medium of storage and physical location). For example, digital photograph held on secure server, written observation log, stored in locked cabinet, etc* | | | | *Name of officer responsible for future management of product* | |
| **Name (Print)** | | | |  | | |  | | | **Grade** |  | | |  |
| **Signature** | | | |  | | |  | | | **Date** |  | | |  |
|  | | | | | | | | | | | | | | |
| |  | | --- | | 1. **Authorising Officer's comments on product obtained.** (Notes 144-145 of the OSC's 2011 Procedures & Guidance document provides advice.) | | *The Authorising Officer should provide* *details of the value of the surveillance (ie did it meet its objectives).* | |  | | | | | | | | | | | | | | | |
| 1. **Authorising Officer's comments on the outcome of this use of directed surveillance and formal cancellation instructions.** | | | | | | | | | | | | | | |
| *Confirm the reason for the cancellation*  *Ensure that detail of all surveillance undertaken has been recorded in part 3.*  *Enter the time and date that you cancelled the authorisation.*  *Record date and time officers notified of RIPA cancellation and confirm any equipment deployed has been removed (eg mobile CCTV cameras, etc).*  *Provide direction on how the product of surveillance should be managed. That is secure retention, disclosure & disposal of the product.*  ***It is not appropriate to simply say that the surveillance is cancelled.*** | | | | | | | | | | | | | | |
| **Name (Print)** | | | |  | | |  | | | **Grade** |  | | |  |
| **Signature** | | | |  | | |  | | | **Date and Time** |  | | |  |
|  | | | | | | | | | | | | | | |
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| 1. **Time and Date when the Authorising Officer instructed the surveillance to cease *(if done verbally prior to this formal written cancellation)*.** | | | | | | | | | | | | | | |
| **Date:** | | | |  | | | **Time:** | | | |  | | | |