

Unique Reference Number:	
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Regulation of Investigatory Powers (Scotland) Act 2000 (RIPSA)

Cancellation of Directed Covert Surveillance Authorisation

Public Authority: (including full address)	
Senior Responsible Officer	
Authorised Officer:	
Service Area:	
Full Address:	
Contact Details:	
Investigation/Operation Name (if applicable):	
Authorisation Date:	
Previous Renewal: (if any)	
Expiry Date:	
Authorising Officer:	
To be completed by the Authorised Officer	
1. Give details of the surveillance activity carried out since commencement or last review.	
2. Detail what evidence, material, information and records etc were obtained and retained, including private information and where it is held.	
3. Detail if any confidential information was acquired and what has been done with this information.	
4. Detail if there was any collateral intrusion. If so, explain and describe, including what measures were put in place to minimise collateral intrusion:	
5. Reasons for requesting cessation	

6. Value of surveillance in this operation and what objectives have been achieved.			
7. Investigation Officer's Details			
Name (print):		Telephone No.	
Grade/rank:		Date:	
Signature:			

To be completed by the Authorising Officer			
1. Reasons for cessation of surveillance and cancellation of Authorisation:			
2. Cancellation Instruction (date and time, method (written or orally), instruction given to whom:			
3. Detail how any surveillance equipment used would be securely removed and returned:			
4. Detail how information recovered, recorded, obtained will be securely stored/retained or disposed:			
5. Authorising Officer's view on compliance with authorisation:			
6. Value of surveillance and what objectives have been achieved:			
7. Authorising Officer's details:			
Name (print):		Grade/Rank:	
Signature:		Date of Signing:	
Date of Issue:			