
This request will be reviewed by the Department of Public Safety. The requested location will be reviewed based on a threat assessment and the criteria contained in the Campus Duress Button Policy.

Special circumstances for a wearable, portable device will be reviewed by the AVP for Public Safety/Chief of Police, Dean/VP, and AVP for Equal Opportunity & Title IX.

The following information is needed for approval of installation and to develop an operational protocol for the Operations Center to respond to a duress alarm.

Project Point of Contact: _____

Phone: _____ Email: _____

System Point of Contact: (if different from Project Contact): _____

Phone: _____ Email: _____

Department: _____

Building: _____ Room: _____

Additional people to be notified regarding the alarm (if applicable):

Name: _____ Phone: _____

Name: _____ Phone: _____

Is a report required to be returned to the Contact(s) each time the alarm is activated?

YES

NO

Indicate the applicable criteria for consideration** (Must be based upon objective threat assessment):

Drug Dispensing

Mental Health Counseling

High Volume Cash Collection Point(s)

High Profile Threat Location

Isolated, After-Hours Operations with Significant Public Contact

Previous Incidents of Actual Acts of Violence

**high traffic areas do NOT automatically qualify – additional threat assessment factors must be met.

When a duress alarm is activated and received by the Operations Center, UND Police Officer(s) will be dispatched to the location.

It is required to have the duress system tested annually. Contact the Operations Center (701.777.2591) to schedule a date and time for testing – see the Duress Alarm Policy for additional information.

Departmental Dean/Dept Chair/Designated Official: _____

Signature: _____ Date _____

For Department of Public Safety Use Only:

Request Reviewed By: _____ Date: _____

Additional Reviewer(s): _____

PROJECT NUMBER: _____