



**Illinois Department of Financial and Professional Regulation**  
**Division of Professional Regulation**

***MEDICAL CANNABIS DISPENSARY VIDEO SURVEILLANCE SYSTEM OUTAGE REPORTING FORM: PLEASE PROVIDE THE FOLLOWING TO DOCUMENT ANY SYSTEM FAILURES.***

DispensaryName: \_\_\_\_\_  
 Registration Number: \_\_\_\_\_  
 Date and time of Division notification: \_\_\_\_\_  
 Primary Agent in Charge: \_\_\_\_\_  
 Agent completing this form: \_\_\_\_\_  
 Brand of surveillance system at dispensary: \_\_\_\_\_  
 Name of surveillance system vendor: \_\_\_\_\_  
 Name and phone number of vendor who maintains network: \_\_\_\_\_  
 Name of IT services/server vendor: \_\_\_\_\_  
 Date and Time outage discovered: \_\_\_\_\_  
 Date & time issue was resolved: \_\_\_\_\_  
 Agent who discovered outage: \_\_\_\_\_  
 Was surveillance vendor contacted? \_\_\_\_\_  
 If vendor contacted indicate when: \_\_\_\_\_  
 Did failure notifications alert staff? \_\_\_\_\_

**If Camera outage:**

Indicate which cameras were involved: \_\_\_\_\_  
 \_\_\_\_\_

**For video recording outage:**

**What does the furthest back date the system can view recordings?** \_\_\_\_\_

Please attach a time stamped photo indicating furthest back system has stored recordings.

If less than 90 days, please explain in detail the reason: \_\_\_\_\_  
 \_\_\_\_\_

Approximate date dispensary expects to be back in compliance: \_\_\_\_\_

Did the dispensary close temporarily due to the outage? \_\_\_\_\_

If yes, indicate dates and times of closure:

Begin date & time \_\_\_\_\_ End date & time \_\_\_\_\_

Please specify the precise time periods of any gaps in recordings:

Beginning date & time \_\_\_\_\_ ending date & time \_\_\_\_\_

Beginning date & time \_\_\_\_\_ ending date & time \_\_\_\_\_

**Please describe steps dispensary can take to prevent this issue from happening again** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please attach the dispensary's last two 30-day security system checks and any repair invoices from video surveillance vendor.**

**Please send a time stamped photo by email to the Division of how far back recordings can be viewed every 30 days until back in compliance with the requirement for storing 90 days of recordings.**

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_