

Unique Operation Reference Number* (*Filing Ref)	
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PART II OF THE REGULATION OF INVESTIGATORY POWERS ACT (RIPA) 2000

REVIEW OF A COVERT HUMAN INTELLIGENCE SOURCE (CHIS) AUTHORISATION

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

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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 information has been obtained and the value of the information so far obtained.**Detail any significant changes to the information as set out in the original authorisation.****3. Detail the reasons why it is necessary to continue with using a Covert Human Intelligence Source.****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. Give details of the review of the risk assessment on the security and welfare of using the source.

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8. Applicant's Details

Name (Print)		Tel No	
Grade/Rank		Date	
Signature			

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9. Review Officer's Comments, including whether or not the use or conduct of the source should continue?

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10. Authorising Officer's Statement. THE AUTHORISATION SHOULD IDENTIFY THE PSEUDONYM OR REFERENCE NUMBER OF THE SOURCE NOT THE TRUE IDENTITY.
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I hereby agree that the use or conduct of the source as detailed above should/should not continue until its next review/renewal and should be cancelled immediately.

Name (Print)	Grade / Rank
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Signature	Date
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Date of next review:	
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