

Wearable Camera System (WCS) Cycle Review – Sergeant Level

Refer to GPO 3.2.20 Wearable Camera System Section IV. A. 1.

Reviewed Officer: _____ Badge: _____

Dates Reviewed: _____ & _____

Reviews:

Operation (length of the captured media appears reasonable)

Use (number of captured media matches the number of incidents on the Daily Duty Report)

Use (member completes the 2 required vehicle checks)

Documentation (WCS listed on DDR)

ID (appears correct on DDR and in Evidence.com)

Category (appears correct on DDR and in Evidence.com)

Title (appears correct on DDR and in Evidence.com)

Compliant

Non-Compliant

Action(s) Taken (Explain in detail):

Additional Form-1 Attached

Y N Documentation Attached? If yes describe below:

Reviewing Sergeant Name/Badge: _____

Reviewing Sergeant Signature: _____ Date: _____

Reviewing Lieutenant Signature: _____ Date: _____