

Wearable Camera System (WCS) Cycle Review – Lieutenant Level

Refer to GPO 3.2.20 Wearable Camera System Section IV. A. 2.

Reviewed Officer: _____ Badge: _____

Category 3 Review Dates: _____ & _____ **Compliant** **Non-Compliant** None

ID (captured media contains properly formatted ID)	<input type="checkbox"/>	<input type="checkbox"/>	
Category (captured media is properly categorized)	<input type="checkbox"/>	<input type="checkbox"/>	
Title (captured media is properly titled)	<input type="checkbox"/>	<input type="checkbox"/>	
Operation (appropriate "field of view" with clear audio)	<input type="checkbox"/>	<input type="checkbox"/>	

Category 4 Review Dates: _____ & _____ **Compliant** **Non-Compliant** None

ID (captured media contains properly formatted ID)	<input type="checkbox"/>	<input type="checkbox"/>	
Category (captured media is properly categorized)	<input type="checkbox"/>	<input type="checkbox"/>	
Title (captured media is properly titled)	<input type="checkbox"/>	<input type="checkbox"/>	
Operation (appropriate "field of view" with clear audio)	<input type="checkbox"/>	<input type="checkbox"/>	

Y N Irregularity or other violations observed within captured media? If yes explain:

Additional Form-1 Attached

Action(s) Taken (Explain in detail):

Y N Documentation Attached? If yes describe:

Reviewing Lieutenant Name/Badge: _____

Reviewing Lieutenant Signature: _____ Date: _____

Reviewing Captain Signature: _____ Date: _____

