

Wearable Camera System (WCS) Cycle Review – Captain Level

Refer to GPO 3.2.20 Wearable Camera System Section IV. A. 3.

Reviewed Officer: _____ Badge: _____

<u>Category 1 Review</u>	Dates: _____ & _____	<u>Compliant</u>	<u>Non-Compliant</u>	None <input type="checkbox"/>
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"/>	
Use (appropriate "field of view" with clear audio)		<input type="checkbox"/>	<input type="checkbox"/>	

<u>Category 2 Review</u>	Dates: _____ & _____	<u>Compliant</u>	<u>Non-Compliant</u>	None <input type="checkbox"/>
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"/>	
Use (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 Captain Name/Badge: _____

Reviewing Captain Signature: _____ Date: _____

Reviewing Commander Signature: _____ Date: _____