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| **BODY WORN (BWC) AND IN CAR CAMERA (ICC)**  **JOB SAFETY OBSERVATION REPORT** | | | | | | | | | | | | | | | | | | | |
| Officer Name: | | |  | | | | Badge # | | | |  | | | | | | Date of Review: |  | |
| Type of Cameras: | | |  | Body Worn |  | In-Car | | | |  | | | Other: | | | | | | |
| Supervisor Review (Reason) | | | | | | | | | | | | | | | | | | | |
|  | Supervisor "Random" Review | | | | | |  | Working Test Period | | | | | | | | | | | |
|  | Significant Incident | | | | | |  | Early Warning System Activation | | | | | | | | | | | |
|  | Work Injury | | | | | |  | Initial IA Complaint | | | | | | | | | | | |
|  | Civilian Injury | | | | | |  | Other: | | | | | | | | | | | |
|  | Vehicular Pursuit | | | | | |  | Foot Pursuit | | | | | | | | | | | |
| Date of recorded Incidents: | |  | | | | | Case #(s) | | | | |  | | | | | | | |
| ✓ | Review | | | | | | | | | | | Yes | | No | | Comments (\*Required for No) | | | |
|  | Was the camera activated according to policy? | | | | | | | | | | |  | |  | |  | | | |
|  | Did the camera remain activated and/or was it deactivated in accordance with policy? | | | | | | | | | | |  | |  | |  | | | |
|  | Was the officer or other officer’s actions consistent with existing policy and sanctioned departmental procedures? | | | | | | | | | | |  | |  | |  | | | |
| Actions Taken | | | | | | | | | | | | | | | | | | | |
|  | No Action | | | | | |  | | Verbal Counseling\* | | | | | | | | | | |
|  | Recommended training submitted | | | | | |  | | Training provided \* | | | | | | | | | | |
|  | Request for official award/letter submitted | | | | | |  | | Official reprimand\* | | | | | | | | | | |
|  | Referred to Internal Affairs | | | | | |  | | Positive Performance Notice Issued | | | | | | | | | | |
|  | Other (Be specific)\*: | | | | | | | | | | | | | | | | | | |
| \*=Reviewing Supervisor Comments Required Below | | | | | | | | | | | | | | | | | | | |
| Comments (if any)  (The supervisor completing the review form) | | | | | | | | | | | | | | | | | | | |
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| Supervisor Review  (The supervisor/commander of the person completing this review form) | | | | | | | | | | | | | | | | | | | |
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