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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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|  |
|  |
|  | Signature/Badge# | Date |
|  |  |  |
| Supervisor Review (The supervisor/commander of the person completing this review form) |
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|  | Initial/Badge# | Date |
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