



BLACK FLAG SECURITY
LEADERS IN PROTECTIVE SERVICES

Camera Functionality Audit Form

Officer Information

Officer Name: _____

Date: _____

Shift: Morning Afternoon Evening Overnight

Site / Campus: _____

1. System Status Overview

- NVR/DVR online
- Network connectivity normal
- All camera feeds loading correctly
- No error codes present
- Remote access functioning
- Storage capacity within required limits
- Motion detection recording active

Notes:

2. Camera-by-Camera Audit

Camera ID /	Online	Image	Angle	Night	Obstruction	Damage /	Action
		Quality	Correct	View		Issues	

Location	e	Clear	ct	Visio	ns	Issues	Needed
				n			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/>	_____	_____
—	Yes	Yes	<input type="checkbox"/> No	Yes	No	—	—
	<input type="checkbox"/> No	<input type="checkbox"/>		<input type="checkbox"/> No			
		No					
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/>	_____	_____
—	Yes	Yes	<input type="checkbox"/> No	Yes	No	—	—
	<input type="checkbox"/> No	<input type="checkbox"/>		<input type="checkbox"/> No			
		No					
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/>	_____	_____
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	<input type="checkbox"/> No	<input type="checkbox"/>		<input type="checkbox"/> No			
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/>	_____	_____
—	Yes	Yes	<input type="checkbox"/> No	Yes	No	—	—
	<input type="checkbox"/> No	<input type="checkbox"/>		<input type="checkbox"/> No			
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/>	_____	_____
—	Yes	Yes	<input type="checkbox"/> No	Yes	No	—	—
	<input type="checkbox"/> No	<input type="checkbox"/>		<input type="checkbox"/> No			
		No					

3. Image Quality & Coverage Assessment

- Resolution acceptable
- No pixelation or distortion
- Lighting adequate
- No glare issues
- Camera angle covers required zones
- No blind spots identified

Notes:

4. Physical Condition Check

- Lens clean
- Camera firmly mounted
- No water damage or condensation
- No vandalism or tampering
- Cables intact
- Housing secure

Conditions Requiring Maintenance:

5. Recording Verification

- Continuous recording operational
- Motion-based clips storing correctly
- Export functionality tested
- Time/date stamps correct
- Backup recording functioning

Last successful export test at: _____

6. Network & Power Audit

- Camera PoE functioning
- No power interruptions detected
- Network switches normal
- No feed latency
- Bandwidth normal

Issues Identified:

7. Immediate Concerns Requiring Supervisor Notification

- Critical camera offline
- Entry/exit camera down
- NVR/DVR malfunction
- Evidence recording compromised
- Possible tampering detected

Supervisor Notified? Yes No

Supervisor Name: _____

Time: _____

Summary:

8. Officer Certification

I certify that this audit was completed accurately and all issues were reported per Black Flag Security policy.

Officer Signature: _____ Date: _____