EXHIBIT 3

Daily Review Log
CCTV CAMERAS, VCRS, OR DIGITAL RECORDING EQUIPMENT
(Functionality Check)

For Requirements, refer to CCTV Monitoring and Recording on page 14

Name of Depository Institution: _____

Name of CI Site Location: _____

Date of Check	Time of Check	CCTV cameras, VCRs, or digital recording equipment is functioning properly (Yes/No)	List Any Equipment Problems and/or Functionality Exceptions	Reviewer's Signature