Exhibit 4

Weekly Video Surveillance Review Log
CCTV Quality of Recordings and Fields of View
(For requirements, refer to MOP 5.7)

Name of Depository Institution: _____

Name of CI Site Location: _____

Reviewed on (Date)	Review Time	Date and Time of the Recorded Tapes	Comments on Quality of Recordings and Views (Findings or Exceptions Noted)	Oldest date available (45 days retention is required)	Reviewer's Signature