Exhibit 3

Daily Video Surveillance Review Log
CCTV CAMERAS, VCRS, OR DIGITAL RECORDING EQUIPMENT
(For requirements, refer to CCTV Monitoring and Recording MOP 5.0)

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