

CCTV Functionality Test							
Company Name: _____							
Address: _____							
Building: _____				Floor Number _____			
Camera Type	Location	Equipment Visual Checks*		CCTV Focusing **		Availability Test***	
		Pass	Fail	Pass	Fail	Pass	Fail

Note: * Equipment Checks covers the check on the Camera Lens and body.
 ** Equipment will be Fix and Test the coverage of the installed CCTV
 *** Equipment shall be available 100% for 7 days in production

Test Performed by:

 Name of Contractors Representative

 Position:

Witnessed by:

 Customer's Company Name

 Authorized Representative

 Position