

OBSERVATION VAN WORKSHEET LOG

CHICAGO POLICE DEPARTMENT

DATE OF EVENT:	EVENT NAME:	MISSION #-
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EXEMPT PERSONNEL AUTHORIZING MISSION (NAME/RANK/STAR):
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EVENT DESCRIPTION (DESCRIBE POLICE PURPOSE):

SUPERVISOR IN CHARGE (NAME/RANK/STAR):
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OFFICERS ASSIGNED:	STAR:	ROLE:

CSV LOCATION:

CAMERA NO.	USED	LOCATION	DATE/TIME START	DATE/TIME END
MAST	Y <input type="checkbox"/> N <input type="checkbox"/>			
1	Y <input type="checkbox"/> N <input type="checkbox"/>			
2	Y <input type="checkbox"/> N <input type="checkbox"/>			
3	Y <input type="checkbox"/> N <input type="checkbox"/>			
4	Y <input type="checkbox"/> N <input type="checkbox"/>			

PROBLEMS/NOTES:

SUPERVISOR SIGNATURE:	STAR:	DATE/TIME:
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APPROVAL, COMMANDING OFFICER OF INFORMATION SERVICES DIVISION:
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