Security Camera Operation Training Evaluation Form

Participant Information

Name

Date

Department

Trainer

Evaluation Criteria

Criteria	Excellent	Good	Fair	Poor
Understands Camera Operation	○	○	○	○
System Navigation Skills	○	○	○	○
Incident Recording	○	○	○	○
Response to System Alarms	○	○	○	○
Compliance with Procedures	○	○	○	○

Strengths Observed

Areas for Improvement

Additional Comments

Trainer's Signature

Name

Date