Site Survey Assessment Form

1.1 SITE INFORMATION

Company*	
Store Name	
Number of CCTV Cameras	

1.2 CCTV FLOORPLAN

Store Floor Plan*	*Attach File: _____*
Camera channels labelled on floor plan	☐ *Yes* ☐ *No*
Camera locations and intended counting areas identified	☐ *Yes* ☐ *No*

1.3 CCTV CAMERA & FOOTAGE

Channel	Camera Live View Location / Area	Indoor / Outdoor	Day Footage	Night Footage	Busy Period Footage	Remarks
CH01		☐ *Indoor* ☐ *Outdoor*	☐ *Attached*	☐ *Attached / N/A*	☐ *Attached / N/A*	*- RTSP Streaming Supported*
CH02		☐ *Indoor* ☐ *Outdoor*	☐ *Attached*	☐ *Attached / N/A*	☐ *Attached / N/A*	*Camera VMS Model*
CH03		☐ *Indoor* ☐ *Outdoor*	☐ *Attached*	☐ *Attached / N/A*	☐ *Attached / N/A*	
CH04		☐ *Indoor* ☐ *Outdoor*	☐ *Attached*	☐ *Attached / N/A*	☐ *Attached / N/A*	
CH05		☐ *Indoor* ☐ *Outdoor*	☐ *Attached*	☐ *Attached / N/A*	☐ *Attached / N/A*	

(Add more cameras if applicable)

Footage file(s):

_____

_____

1.4 REQUEST APPROVAL [FOOTFALLCAM TEAM ONLY]

Request Received Date	
Review by	
Qualification Status	_____ cameras qualified, _____ cameras disqualified
Overall Remarks	
Attachment	