

**PROBATION AND PAROLE
MONTHLY WEAPONS/EQUIPMENT CHECKLIST**

Date _____
Officer Name _____
District/Office Location _____
Weapon Type/Model _____
Weapon Serial Number _____

State Owned Weapon Privately Owned Weapon

FIREARMS MONTHLY CHECK

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Ensure weapon is unloaded |
| <input type="checkbox"/> | <input type="checkbox"/> | Check the bore/barrel for damage, obstructions and cleanliness |
| <input type="checkbox"/> | <input type="checkbox"/> | Check the cylinder / slide for obstructions and proper opening and closing |
| <input type="checkbox"/> | <input type="checkbox"/> | Check the cylinder stop for free rotation or slide for proper movement |
| <input type="checkbox"/> | <input type="checkbox"/> | Inspect the magazine (if applicable) for damage |
| <input type="checkbox"/> | <input type="checkbox"/> | Weapon is Clean |
| <input type="checkbox"/> | <input type="checkbox"/> | Ensure ammunition is in compliance with OP-040106 |
| <input type="checkbox"/> | <input type="checkbox"/> | Secure weapon in safe or return to officer |

Written report of readiness/condition (**This section must be filled out**):

SECURITY EQUIPMENT MONTHLY CHECK

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Check Body Armor for damage and expiration date
Expiration Date _____
Serial # _____ Fixed Asset Inventory # _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Check restraints for obstructions and proper functioning |
| <input type="checkbox"/> | <input type="checkbox"/> | Check expiration date of OC spray: Expiration Date _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Check baton for damage & proper functioning |

Written report of readiness/condition:

Officer Signature

Date

The Team Supervisor has verified weapon serial number is correct and weapon is clean and operational.

Team Supervisor Signature

Date