

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

Date (Month & Year) _____
Officer Name (Last, First) _____
Badge Check/Number ☐ Yes ☐ No _____
Region/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 holster/magazine case in proper working order
<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 (ITN: _____) (Exp. Date: _____) (Serial #: _____/_____)
<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 (Exp. Date: _____) (_____)
<input type="checkbox"/>	<input type="checkbox"/>	Check baton for damage and proper functioning (_____)
<input type="checkbox"/>	<input type="checkbox"/>	Check flashlight for damage and proper functioning (_____)
<input type="checkbox"/>	<input type="checkbox"/>	Commission card -w/ badge number (_____)
<input type="checkbox"/>	<input type="checkbox"/>	CLEET card (_____)
<input type="checkbox"/>	<input type="checkbox"/>	State cell phone (_____)

Written report of readiness/condition:

Officer Signature _____

Date _____

The team supervisor has verified weapon serial number is correct and weapon is clean and operational.

Supervisor Signature _____

Date _____