

**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<br>Expiration Date _____<br>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