

FLORIDA DEPARTMENT OF CORRECTIONS

CONTROL ROOM SECURITY EQUIPMENT/WEAPONS CHECK OUT/IN LOG

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Issued To	Type of Security Equipment	Amount Issued	Serial/ID Number	Purpose of Issue	Time Issued	Issued By	Time Returned	Received By

This form is submitted to the Chief of Security daily for review. Only authorized staff will be issued security equipment and weapons. Weapons qualification cards will be checked for certification and expiration prior to the issuance of any firearms, chemical agents and/or electronic immobilization device. Any equipment/weapons not returned by the end of the day, i.e. transport, etc., will be noted as a carryover and entered on the log for the next day.

Control Room Supervisor      Day Shift: \_\_\_\_\_      Night Shift: \_\_\_\_\_

Shift Supervisor      Day Shift: \_\_\_\_\_      Night Shift: \_\_\_\_\_

Review by Chief of Security: \_\_\_\_\_