## STATE OF 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 of any firearms, chemical	the Chief of Security daily for review. agents and/or electronic immobilization	Only author on device. Ar	ized staff will be iss ny equipment/weapo	ued security equipment and weapoons not returned by the end of the d	ns. Weapons qu ay, i.e. transport	alification cards will be checked for , etc., will be noted as a carryover ar	certification and entered on the	d expiration prior to the issuance log for the next day.
Control Room Supervisor Night Shift: Day Shift:								
Shift Supervisor	Night Shift:			Day Shift:				
						Review by Chief of Security: _		