Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit #\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Items initialed are in compliance with GO 630.1. Items not in compliance will be noted by marking it with an “X” and noting correction needed at bottom of the form.

UNIFORM SHIRT/PANTS

\_\_\_\_ Clean and pressed, in good condition and proper fit.

BADGE AND NAME PLATE

\_\_\_ Proper location in good condition

LEATHER GEAR

\_\_\_ Polished and in good condition

UNIFORM SHOES/BOOTS

\_\_\_ Polished and in good condition

UNIFORM HAT

\_\_\_ Clean and in good condition

PUNCTURE RESISTANT GLOVES

\_\_\_ Serviceable condition

PROTECTIVE VEST

\_\_\_ Worn and in serviceable condition

TRAFFIC VEST

\_\_\_ Serviceable condition

ISSUED TOURNIQUET

\_\_\_ Serviceable condition

DUTY WEAPON

\_\_\_ Clean, operational, with properly loaded, functional magazines.

BACK UP WEAPON

\_\_\_ Serviceable condition, properly carried (if none mark NA)

LESS LETHAL WEAPONS

\_\_\_ Mace/ASP in serviceable condition

HANDCUFFS

\_\_\_ Serviceable condition

PORTABLE RADIO

\_\_\_ Serviceable condition

CORRECTIVE ACTIONS NEEDED OR TAKEN (SPECIFICALLY STATING IF ITEM NEEDS TO BE REPLACED) AND ADDITIONAL COMMENTS:

Inspected By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_