

# DPSCS Division of Parole and Probation

## *Quarterly Equipment Inspection Report*

Name:

Classification:

Region:

Quarter:

Year:

Office:

Name of Supervisor Completing Report:

INSPECTION ITEMS		N/A, O, N
DPP Badge #:		
MPCTC Certification Card – Is Current?		
State ID Card:		
Office Building Swipe Card/Keys:		
Office Front Entrance Swipe Card/Keys:		
Office Keys:		
Tablet or Laptop Model:	Serial#:	
Holster/Accessories:		
Multi-Threat Vest Serial #:	Expiration Date:	
Flashlight (Brand):		
iPhone Barcode#:	Serial #:	
OC Spray Expiration Date:		

**N/A** - Not Applicable **O** - Operational **N** - Needs Service or Replacement

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_