



**DEPARTMENT OF PUBLIC SAFETY
POLICIES & PROCEDURES**



POLICY NUMBER XXX.xx	
EFFECTIVE DATE: xx/xx/xxxx	ORIGINAL ISSUED ON: xx/xx/xxxx
REVISION NO: XX	

SUBJECT: TITLE OF POLICY / PROCEDURE

1.0 PURPOSE

2.0 POLICY

3.0 APPLICABILITY

4.0 REFERENCES

A.

B.

5.0 DEFINITIONS

A.

B.

C.

6.0 PROCEDURE

A.

1.

a.

b.

2.

B.

1.

a.

b.

i.

ii.

iii.

c.

i.

ii.

iii.

d.

7.0 ATTACHMENTS

A.

B.

C.

8.0 APPROVAL

APPROVED BY: _____ DATE: _____
DPS Cabinet Secretary