



DEPARTMENT OF PUBLIC SAFETY  
PROPERTY/EVIDENCE  
INVENTORY/INSPECTION FORM



Select Inspection: Annual Inventory/Inspection

Date: \_\_\_\_\_ Vault Location: \_\_\_\_\_ Inspector: \_\_\_\_\_

**OPR: 17 Evidence/Property Handling**

**Compliance**

**Non-Compliance  
(explain)**

1. Evidence Vault Records:

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Comments:

2. Drop Box Secure:

☐☐

Comments:

3. Evidence Checked in Timely:

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Comments:

4. Packaging: *(Original SP-205 attached- single sided)*

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Comments:

5. Biological Hazards Marked/DNA:  
*OPR:12 Exposure Plan; OPR: 40 Crime Scenes*

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Comments:

6. Flammable or Explosives:

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Comments:

7. Firearms:

☐☐

Comments:

8. Money:

☐☐

Comments:

9. Narcotics:

☐☐

Comments:

Date: \_\_\_\_\_ Vault Location: \_\_\_\_\_ Inspector: \_\_\_\_\_

**OPR: 17 Evidence/Property Handling**

**Compliance**

**Non-Compliance  
(explain)**

10. Photographs, Videos, & Audio Recordings:  
*OPR: 48 Digital Cameras*

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Comments:

11. Destruction Orders & Chain of Custody to Records:

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Comments:

12. Using Current Forms:

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Comments:

13. Other Record Keeping Mechanism:

☐☐

Comments:

14. Inventory Sent to Officers every 90 days for  
Dispositions:

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Comments:

15. Miscellaneous Items Found Not in Compliance:

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Comments: \_\_\_\_\_

Comments or Recommendations: *(Attach additional sheets if necessary)*

Inspectors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District Representative Present: Yes ☐ No ☐ Name: \_\_\_\_\_

Incoming Evidence Custodian: Name: \_\_\_\_\_

Outgoing Evidence Custodian: Name: \_\_\_\_\_

***PLEASE ATTACH ADDITIONAL INFORMATION IF NEEDED.***