



Department of Public Safety Quarterly Review of Specialized Teams



1st Quarter Report 2nd Quarter Report Date: _____
 3rd Quarter Report 4th Quarter Report Team: _____

Missions of the Quarter – List the team missions for the quarter.

Training – Describe any training completed for in the quarter and any training that is needed for the team.

Equipment – List equipment status. Any equipment that is mission ready, needed, defective or inoperable equipment.

Equipment Inspection/Inventory Attached

Vehicles – List and describe status of any team assigned vehicles.

Vehicle Inspection/Inventory Attached

Team Commander: _____ Date: _____

Signature: _____