

EQUIPMENT INSPECTION REPORT

District/Bureau \_\_\_\_\_

Platoon/Unit \_\_\_\_\_

Quarterly Report

March

June

September

December 20\_\_\_\_

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Badge Number	Last Name	First Name	Primary Firearm Serial Number	Personal Firearm Serial Number	Patrol Rifle Serial Number	CEW Serial Number	Portable Radio Serial Number	WCS Serial Number	Inspecting Supervisor Badge

NA= Not Applicable

The above items were inspected under my supervision.

Respectfully,

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