

SHOTGUN AND AMMUNITION BOX INSPECTION REPORT

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

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

Quarterly Report     March     June     September     December 20\_\_\_\_

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Shotgun/Beanbag Shotgun Serial Number	Location	Inspected by (Name/badge)	Ammunition Box Number	Location	Inspected by (Name/badge)

The above items were inspected under my supervision.

Respectfully,

\_\_\_\_\_

