### **[Appendix B](#_Appendix_B)**

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| **ANNUAL FIREARMS STOCK TAKE PROFORMA** |

**Please check off each item to verify you have completed each task.**

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| **FIREARMS** |
| ❑❑ | Attach the SAPOL Firearms Register to this Pro-formaList any additional firearms owned by the School/Branch |
| Serial Number | Type | Calibre |
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|  |  |  |
| ❑ | All firearms are accounted for. |
| ❑ | All firearms usage logs are accurate and complete. |
| ❑ | The quantity of ammunition held is limited to meeting the reasonable needs of the School/Branch.  |
| **AMMUNITION** |
| ❑ | List of Ammunition accounted for (or attach/email a list) |
| Lot/Batch | Calibre | Quantity |
|  |  |  |
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|  |  |  |
| ❑ | All ammunition is accounted for. |
| ❑ | All ammunition usage logs are accurate and complete. |
| **I verify that all firearms and ammunition is accounted for and that all usage logs are accurate and complete.** |
| Name of Firearms Officer |  |
| Signature of Firearms Officer |  | Date / / |
| **I have reviewed the annual firearms stock stake pro-forma.** |
| Name of Head of School/Branch |  |
| Signature of Head of School/Branch |  | Date / / |
| Name of Associate Director HSW  |  |
| Signature of Associate Director HSW  |  | Date / / |