### **[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.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIREARMS** | | | | |
| ❑  ❑ | Attach the SAPOL Firearms Register to this Pro-forma  List 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 / / | |