

ANNUAL FIREARMS STOCK TAKE PROFORMA

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

FIREARMS			
<input type="checkbox"/>	Attach the SAPOL Firearms Register to this Pro-forma		
<input type="checkbox"/>	List any additional firearms owned by the School/Branch		
Serial Number	Type	Calibre	
<input type="checkbox"/>	All firearms are accounted for.		
<input type="checkbox"/>	All firearms usage logs are accurate and complete.		
<input type="checkbox"/>	The quantity of ammunition held is limited to meeting the reasonable needs of the School/Branch.		
AMMUNITION			
<input type="checkbox"/>	List of Ammunition accounted for (or attach/email a list)		
Lot/Batch	Calibre	Quantity	
<input type="checkbox"/>	All ammunition is accounted for.		
<input type="checkbox"/>	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	/ /