



## Certified Inventory of Evidence

Project Number:	Project Name:
Location Collected:	
Description of Item:	
Specific Handling/Storage Instructions:	
Signature, Name/Title of person who collected item(s):	Date Collected:

## Chain of Custody

Released By	Received By	Action/Purpose	Initial Storage Location	Storage Location (Transferred by & Date)
Signature	Signature			
Name, Date	Name, Date			
Signature	Signature			
Name, Date	Name, Date			
Signature	Signature			
Name, Date	Name, Date			
Signature	Signature			
Name, Date	Name, Date			
Signature	Signature			
Name, Date	Name, Date			

Final Disposal Action	
<input type="checkbox"/>	Released to: _____
<input type="checkbox"/>	Destroyed: _____
	<div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> <span>Date</span> <span>Signature</span> </div>
	<div style="margin-left: 20px;">_____</div> <div style="margin-left: 20px;">Name, Title</div>
<p>Witness to Destruction of Article(s)</p> <p>The article(s) listed above was (were) destroyed by the evidence custodian, in my presence, on the date indicated above.</p>	
	<div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> <span>Name, Title</span> <span>Signature</span> </div>