

**Morrow County EMS  
Concealed Weapon Chain of Custody Log**

Patients Name \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_ Squad # \_\_\_\_\_

Incident # \_\_\_\_\_ Crew's unit numbers \_\_\_\_\_

Was fire  
control Notified? *YES OR NO*

Was EMS 9  
Notified? *YES OR NO*

Was law  
Enforcement notified? *YES OR NO*

Weapon placed in the  
black gun carrying case by: \_\_\_\_\_ Seal # \_\_\_\_\_

Weapon being place in the  
black gun carrying case was witnessed by: \_\_\_\_\_

Weapon was  
turned over to: \_\_\_\_\_ Seal # \_\_\_\_\_

Weapon was  
turned over to: \_\_\_\_\_ Seal # \_\_\_\_\_

Weapon was  
turned over to: \_\_\_\_\_ Seal # \_\_\_\_\_

Weapon was  
turned over to: \_\_\_\_\_ Seal # \_\_\_\_\_

Weapon was  
turned over to: \_\_\_\_\_ Seal # \_\_\_\_\_