DELAWARE COUNTY EMERGENCY MEDICAL SERVICES
FIREARM / WEAPON CHAIN OF CUSTODY FORM

DOCUMENTATION OF WEAPON(S)

❑ Firearm(s) ❑ Cutting Blade(s) ❑ Legal Incendiary Compounds ❑ Other _____

How many & type(s) of each indicated above_____

CONFINEMENT OF WEAPON(S)

Patient / Other ***(circle one)*** Signature of Release to Secure Weapon _____

LOCK BOX Snap Lock Number(s) _____

Placed by _____ _____ on _____
Agency / Facility OR if Patient, PRINT NAME *Signature* *Date*

Witness _____ _____ on _____
Agency / Facility *Signature* *Date*

DELIVERY OF WEAPON(S) FROM EMS TO HEALTHCARE FACILITY

LOCK BOX Snap Lock Number(s) _____

Given by _____ _____ on _____
Agency / Facility *Signature* *Date*

Received by _____ _____ on _____
Agency / Facility *Signature* *Date*

DELIVERY OF WEAPON(S) FROM EMS / HEALTHCARE FACILITY TO LAW ENFORCEMENT

LOCK BOX Snap Lock Number(s) _____

Given by _____ _____ on _____
Agency / Facility *Signature* *Date*

Received by _____ _____ on _____
Agency / Facility *Signature* *Date*

RELEASE OF WEAPON(S) FROM HEALTHCARE FACILITY TO OWNER

LOCK BOX Snap Lock Number(s) _____

Given by _____ _____ on _____
Agency / Facility *Signature* *Date*

❑ Proof of Identification ❑ Proof of Concealed Carry Permit ❑ Other _____

Received by _____ _____ on _____
Name PLEASE PRINT *Signature* *Date*

Patient Name *DOB* *Patient #*	*NOTES:*

UPON RELEASE OF WEAPON TO OWNER, PLEASE FAX COPY TO 740-833-2189, ATTN: CHIEF OF EMS