EVIDENCE LOG/COC RECORD

Agency: _____
Case Number: _____
Evidence Holding Location: _____

Item ID	Evidence Description	Date	Initials	Purpose for Removal/Tests Performed

Item ID____ Removal Date_____ Receipt Date_____
By _____ By _____
Release Sign _____ Receipt Sign:_____
Item ID____ Removal Date_____ Receipt Date_____
By _____ By _____
Release Sign _____ Receipt Sign:_____
Item ID____ Removal Date_____ Receipt Date_____
By _____ By _____
Release Sign _____ Receipt Sign:_____
Item ID____ Removal Date_____ Receipt Date_____
By _____ By _____
Release Sign _____ Receipt Sign:_____
Item ID____ Removal Date_____ Receipt Date_____
By _____ By _____
Release Sign _____ Receipt Sign:_____