EVIDENCE CONTROL LOG

Bank Safe Deposit Box: _____ Location: _____
(Name of Bank)

Evidence Control Center Location: _____

Office Safe or Vault Location: _____

Other: _____ Location: _____
(File Cabinet, etc.)

(1) Signature of person(s) placing evidence in or removing from repository. If entry to facility for other reasons, briefly state in column 2.	(2) Reasons	(3) File Case No.	ENTERED		DEPARTED	
			Time	Date	Time	Date