

NORTH CAROLINA DEPARTMENT OF LABOR
RECEIPT OF EVIDENCE/PROPERTY

Name of person from whom property is obtained		Address		
<input type="checkbox"/> Owner <input type="checkbox"/> Other				
Location from which property was obtained				
Purpose for which obtained		Time and date evidence/property was obtained		
Item No.	Quantity	DESCRIPTION OF ARTICLES (Include model, serial no., identifying marks, condition, and dollar value, when appropriate.)		
CHAIN OF CUSTODY				
Item No.	Date	Released by	Received by	Purpose for Change of Custody
		Print name	Print name	
		Signature	Signature	
		Print name	Print name	
		Signature	Signature	
		Print name	Print name	
		Signature	Signature	

CHAIN OF CUSTODY (Continued)

Item No.	Date	Released by	Received by	Purpose for Change of Custody
		Print name	Print name	
		Signature	Signature	
		Print name	Print name	
		Signature	Signature	
		Print name	Print name	
		Signature	Signature	
		Print name	Print name	
		Signature	Signature	
		Print name	Print name	
		Signature	Signature	
		Print name	Print name	
		Signature	Signature	
		Print name	Print name	
		Signature	Signature	
		Print name	Print name	
		Signature	Signature	
		Print name	Print name	
		Signature	Signature	
		Print name	Print name	
		Signature	Signature	
		Print name	Print name	
		Signature	Signature	

FINAL DISPOSAL ACTION

Release to owner or other (name/address) _____

Destroy _____

Other (specify) _____

FINAL DISPOSAL AUTHORITY

Item(s) _____ on this receipt pertaining to the investigation involving _____

(Name) _____

(Address) _____

OSHA-1 Number: _____

(is) (are) no longer required as evidence and may be disposed of as indicated above. (If article must be retained, do not sign, but explain on separate correspondence).

(Director) _____

(Signature) _____

(Date) _____

Witness to Destruction of Evidence

The article(s) listed at item number(s) _____ (was) (were) destroyed by the evidence custodian, in my presence, on date indicated above.

(CSHO Signature) _____

(Witness Signature) _____