

**NORTH CAROLINA DEPARTMENT OF LABOR  
RECEIPT OF EVIDENCE/PROPERTY**

Name of person from whom property is obtained  <input type="checkbox"/> Owner  <input type="checkbox"/> Other	Address
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	

#### 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)