Department of Corrections
WASHINGTON STATE

CUSTODIAN EVIDENCE LOG

Supervised individual	DOC number	Date of birth	Incident number	Community Corrections Officer (CCO)

RECEIVED IN VAULT					REMOVED FROM VAULT			
Item # (one item per line)	**Description**	**Received from**	**Date/Time received**	**Receiving Custodian Name and Signature**	**Date/Time Removed**	**Name of Custodian Removing Item**	**Removal Action** (i.e, Laboratory, CCO Processing, Court)	**Destination of Evidence**

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.

Distribution: **ORIGINAL** - Evidence Custodian