



FIREARMS & TOOLMARKS UNIT (FTM)

FPM/WS/L4/006	CARTRIDGE/SHOTSHELL CASE WORKSHEET	ISSUE ON	21-10-2021	REVISION	5.0
---------------	---------------------------------------	----------	------------	----------	-----

CASE #	EXAMINER	REVIEWER	DATE

ITEM#	CALIBER	COMPARISON RESULT/CONCLUSION	BASIS OF COMPARISON RESULT/CONCLUSION
			Firing Pin, Breach-Face, Other <input type="checkbox"/> <input type="checkbox"/> _____
			Firing Pin, Breach-Face, Other <input type="checkbox"/> <input type="checkbox"/> _____
			Firing Pin, Breach-Face, Other <input type="checkbox"/> <input type="checkbox"/> _____
			Firing Pin, Breach-Face, Other <input type="checkbox"/> <input type="checkbox"/> _____
			Firing Pin, Breach-Face, Other <input type="checkbox"/> <input type="checkbox"/> _____
			Firing Pin, Breach-Face, Other <input type="checkbox"/> <input type="checkbox"/> _____
			Firing Pin, Breach-Face, Other <input type="checkbox"/> <input type="checkbox"/> _____
			Firing Pin, Breach-Face, Other <input type="checkbox"/> <input type="checkbox"/> _____
			Firing Pin, Breach-Face, Other <input type="checkbox"/> <input type="checkbox"/> _____
			Firing Pin, Breach-Face, Other <input type="checkbox"/> <input type="checkbox"/> _____
			Firing Pin, Breach-Face, Other <input type="checkbox"/> <input type="checkbox"/> _____
			Firing Pin, Breach-Face, Other <input type="checkbox"/> <input type="checkbox"/> _____
			Firing Pin, Breach-Face, Other <input type="checkbox"/> <input type="checkbox"/> _____
			Firing Pin, Breach-Face, Other <input type="checkbox"/> <input type="checkbox"/> _____

Please write down the evidence item number matched with primed test fired cartridge cases (if any):

REPACKING (Y/N)	PACK MARKED (Y/N)	EVIDENCE ITEMS MARKED WITH			REMARKS
		ITEM # <input type="checkbox"/>	CASE # <input type="checkbox"/>	INITIALS <input type="checkbox"/>	

EXAMINER