



# FIREARMS & TOOLMARKS UNIT (FTM)

FPM/WS/L4/003	FIREARM EXAMINATION WORKSHEET	Issue on	09-01-2020	Revision	4.0
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AGENCY CASE #		ITEM #	EXAMINER	DATE
			REV. BY	
PACKAGING		MANUFACTURER		
CALIBER	MENTIION IF ANY OTHER CALIBER ALSO FIRED	SERIAL NUMBER	S.N. LOCATION	
WEAPONS (Frequent coming weapons with frequent features ), if any of these boxes ticked, then moved to third last row leaving rest <input type="checkbox"/> 30 bore recoil operated pistol <input type="checkbox"/> 30 bore blow back pistol <input type="checkbox"/> AK47 or 44 rifle <input type="checkbox"/> 12 GA double barrel open top <input type="checkbox"/> 12 GA repeater <input type="checkbox"/> 12 GA Single barrel or shotgun pistol <input type="checkbox"/> 222 or 223 rifle				

If any other weapon, then also fill the following four table rows and mention weapon type \_\_\_\_\_

SAFETY TYPE					
<input type="checkbox"/> MANUAL	<input type="checkbox"/> GRIP	<input type="checkbox"/> MAGAZINE	<input type="checkbox"/> ½ COCK	<input type="checkbox"/> HAMMER BLOCK	<input type="checkbox"/> TRIGGER BLOCK
<input type="checkbox"/> FIRING PIN BLOCK	<input type="checkbox"/> TRANSFER BAR	<input type="checkbox"/> OTHER _____			

ACTION TYPE							
<input type="checkbox"/> AUTOMATIC	<input type="checkbox"/> BOLT	<input type="checkbox"/> BOX LOCK	<input type="checkbox"/> LEVER	<input type="checkbox"/> FALLING BLOCK	<input type="checkbox"/> HINGED FRAME		
<input type="checkbox"/> MARTINI	<input type="checkbox"/> ROLLING BLOCK	<input type="checkbox"/> SEMI-AUTOMATIC	<input type="checkbox"/> SIDE LOCK	<input type="checkbox"/> REVOLVER	<input type="checkbox"/> TRAP DOOR	<input type="checkbox"/> OTHER _____	

RIFLING TYPE	STD. LAND & GROOVE	SMOOTH BORE	EXT LOC	EJT LOC	DISASSEMBLED
	POLYGONAL	UNDETERMINED			Y/N

No L&G	TWIST	SAFETY FUNCTIONAL	BARREL SHAPE
		YES / NO	

WEAPON MARKED AS	LOCATION(S)	REPACKING .MARKED AS

FIREARM OPERATABILITY- TEST FIRE ITEMS	COMPARE TESTS – VERIFY REPLICATION OF STRIAE	<b>ABIS</b> Scanned: YES / NO	
	(NA in case of Functionality)	Entered Dated:	
	BULLETS	Bullets	Cartridge Cases
	CASES		Shotshell Cases

COMMENTS AND OBSERVATIONS (IF ANY)

Examiner: \_\_\_\_\_