

**WASHINGTON STATE PATROL CRIME LABORATORY DIVISION
EXPLOSIVE SAFETY AND EVIDENCE CHECKLIST**



AGENCY NAME	AGENCY CASE NUMBER	DATE OF REQUEST	INVESTIGATOR NAME	BEST PHONE NUMBER(S)
BOMB SQUAD RESPONDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	AGENCY	DATE OF INCIDENT	BOMB SQUAD RESPONDER(S)	BEST PHONE NUMBER(S)

EXPLOSIVE DEVICE CALL-OUT				
DEVICE RENDERED SAFE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEVICE RENDERED SAFE BY:			HIGH-ORDER DETONATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> WATER CANNON	<input type="checkbox"/> DISRUPTOR	<input type="checkbox"/> EXPLOSIVE	<input type="checkbox"/> OTHER (DESCRIBE)
	TYPE:	TYPE:		

BOMBING CALL-OUT		
DEVICE REMNANTS COLLECTED <input type="checkbox"/> YES <input type="checkbox"/> NO	CRATER SAMPLES COLLECTED <input type="checkbox"/> YES <input type="checkbox"/> NO	CRATER CONTROLS COLLECTED <input type="checkbox"/> YES <input type="checkbox"/> NO

GENERAL INFORMATION	
EXPLOSIVES SAMPLED <input type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS:
EXPLOSIVE COMPONENTS SAMPLED <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> PHOTOS SENT	<input type="checkbox"/> POLICE REPORT ENCLOSED
<input type="checkbox"/> RECIPES, CHEMICAL INVENTORIES, ETC. ENCLOSED	

EVIDENCE INVENTORY
For safety purposes, all quantities of suspected explosives and explosive components should be about 1 teaspoon.

ITEM NUMBER	DESCRIPTION	TYPE OF EXPLOSIVE		IGNITION/ SENSITIVITY TEST RESULTS	CHECK APPROPRIATE TYPE OF EVIDENCE						
		LOW	HIGH		RENDERED SAFE DEVICE	SPENT DEVICE	DEVICE CONTENTS	SUSPECT EXPLOSIVE	SUSPECT COMPONENT	CRATER SAMPLE	CRATER CONTROL
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR LABORATORY USE ONLY LABORATORY CASE NUMBER: _____ ANALYST: _____ DATE: _____
