

COVID-19 PPE KIT REPLACEMENT REPORT

DATE

EVENT NUMBER

CHICAGO POLICE DEPARTMENT

MEMBER'S NAME (Last, First, M.I.)

UNIT NO.

WATCH

REASON FOR REQUEST OF COVID-19 PPE KIT

FIELD USE DAMAGE OTHER _____

MEMBER'S COMMENTS

MEMBER'S SIGNATURE

STAR NO.

DATE

WATCH OPERATIONS LIEUTENANT'S COMMENTS

REPLACEMENT GIVEN

REPLACEMENT UNAVAILABLE

WATCH OPERATIONS LIEUTENANT'S SIGNATURE

STAR NO.

DATE