

EXHIBIT A

FSD FIREARMS/TOOLSMARKS UNIT

Handgun Roster Board Worksheet

Examiner Name: _____ Date: _____

Examiner Title: _____ Petition #: _____

Description of Firearm (Include Model): _____

Manufacturer Description of Material: _____

Manufacturer: _____

Manufacture Date After 01/01/1985: Yes _____ No _____

Safety Mechanism – Type(s) of Safety: _____

Safety Mechanism Functional: Yes _____ No _____

Caliber(s): _____

Weight of Firearm: _____

Overall Length: _____

Barrel Length of Firearm: _____

Magnetic Detection: Yes _____ No _____

Test Fire Summary: _____

Additional Comments: _____

Examiner Signature: _____

Administrative Reviewer Initials: _____ Date of Review: _____

Approving Authorities: P.ID. Section Manager, FA/TM Unit Supervisor, Director, Dep. Director, QA/S Manager