

Personal Handgun and Ammunition Secure Storage Authorization Agreement

All employees of the Oregon Department of Corrections, Board of Parole and Post-Prison Supervision, and Oregon Corrections Enterprises are required to sign this agreement form annually, regardless of whether they plan to bring a personal handgun and ammunition to DOC facilities or non-prison facilities and buildings occupied by the department.

The Department of Corrections is not responsible or liable for any accidental or negligent occurrences created by an employee's failure to follow the provisions of this policy.

The Department of Corrections is not responsible or liable for any damage or loss of an employee's personal handgun, ammunition, or holster.

Any violation of the Department of Corrections policy on Secure Storage of Personal Handguns and Ammunition (10.1.7) may result in disciplinary action up to and including termination from state service.

The DOC Director, appropriate Assistant Director responsible for oversight of the employee's functional unit, Chair of the Board of Parole and Post-Prison Supervision, or Oregon Corrections Enterprises Administrator may temporarily suspend an employee's authorization to possess and securely store a personal handgun and ammunition on property owned or occupied by the Department of Corrections, if the employee is under investigation for serious misconduct that, in the discretion of the DOC Director, appropriate Assistant Director, Chair of the Board of Parole and Post-Prison Supervision, or Oregon Corrections Enterprises Administrator, involves circumstances that may present a significant threat to the safety and security of the department and its employees if the employee was allowed to possess a personal weapon on department properties.

By signing below, I acknowledge that I have reviewed, understand, and agree to abide by the Department of Corrections policy on Secure Storage of Personal Handguns and Ammunition (10.1.7) prior to bringing a personal handgun and ammunition to a Department of Corrections facility or to non-prison facilities and buildings occupied by the department. I further acknowledge that I have reviewed, understand, and agree to abide by the correctional facility's confidential procedure regarding the secure storage of personal handguns and ammunition. I agree to properly control and secure my personal handgun and authorized ammunition in the department-provided personal gun lockers or in a secure personal vehicle if department-provided personal gun lockers are not available, in accordance with the procedures, terms, and conditions established by the Department of Corrections in its policy on Secure Storage of Personal Handguns and Ammunition (10.1.7).

Employee Signature

_____/_____/_____
Date

Print Full Name

Functional Unit Manager or Designee

_____/_____/_____
Date