WEAPONS AND CONTRABAND LOG

FACILITY/CENTER: _____ **MONTH/YEAR ENDING:** _____

DATE	DESCRIPTION OF ITEMS FOUND	LOCATION	OFFICER INVOLVED	INMATE/PROBATIONER NAME, NUMBER (IF APPLICABLE)	DISCIPLINARY YES	DISCIPLINARY NO	WARRANT ISSUED YES	WARRANT ISSUED NO

DATE: _____ **WARDEN/SUPERINTENDENT:** _____

RETENTION SCHEDULE:
This completed form will be kept locally for one year and then destroyed.