Form 2062 (7/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

_____ CORRECTIONAL FACILITY

# SEARCH CONTRABAND REPORT

REPORT NO. _____

The undersigned hereby certifies that he/she has searched the area, living quarters and/or the person of the inmates listed below. Contraband found will be noted below and immediately marked for identification and delivered to the Deputy Superintendent for Security. Any damaged State and/or personal property shall be noted on Form #1421 and forwarded to the Deputy Superintendent for Administration and the Deputy Superintendent for Security.

| LOCATION | NAME & NO. OF INMATE | CONTRABAND FOUND | DISPOSITION | SEARCHING OFFICER(S) |
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**Date / Time of Search:** _____

**Date / Time Search Completed:** _____

**Supervisor Authorizing Search:** _____

cc: DSS
Captain