

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

CELL FRISK/CONTRABAND RECEIPT

Original - Inmate
Copy - DSS

_____ CORRECTIONAL FACILITY

Date: _____ Frisk Start Time: _____ Frisk End Time: _____

Inmate Name: _____ DIN: _____ CELL/CUBE/ROOM: _____

Officer Conducting Search: _____

Print Name Legibly

Badge #

Signature

ITEMS CONFISCATED OR DAMAGED	WHERE FOUND	DISPOSITION OF ITEMS LISTED

_____ NO CONTRABAND FOUND

_____ NO PROPERTY DAMAGED DURING SEARCH

NOTICE TO INMATE: YOU MAY WRITE TO THE DEPUTY SUPERINTENDENT FOR SECURITY WITHIN 7 DAYS OF THIS RECEIPT REGARDING THE CONFISCATION OR DISPOSITION OF THESE ITEMS.

NOTE: DURING THIS CELL FRISK, MY INITIALS BELOW INDICATE THAT THE CELL INTEGRITY CHECK HAS BEEN COMPLETED AS FOLLOWS:

FLOORS: _____

SINK/TOILET: _____

AIR VENT: _____

WINDOW CHECKED/INTACT: _____

CEILING: _____

WALLS: _____

BARS: _____

MISC: _____

IN ADDITION: THE FOLLOWING ITEMS WERE CHECKED FOR COMPLIANCE:

PROPERTY LIMITS (No more than 4 bags of property): _____

PHOTOGRAPH/PICTURE COMPLIANCE (No nudes visible from the front of cell. All photos/pictures confined in the appropriate 2' x 4' section.) _____

INMATE ID MATCHES CURRENT APPEARANCE (Checked ID to inmate's current appearance, if the inmate was present for the search.) _____

Comments: _____
