WARDEN/SUPERINTENDENT:

## WEAPONS AND CONTRABAND LOG

FACILITY:				MONTH/YEAR ENDING:					
DATE	DESCRIPTION OF ITEMS FOUND	LOCATION	OFFICER INVOLVED	OFFENDER'S NAME, GDC ID NUMBER (IF APPLICABLE)	DISCIPLINARY YES NO		WARRANT ISSUED YES NO		

Retention Schedule: Upon completion, this form shall be maintained for one (1) year and then destroyed.

DATE: \_\_\_\_\_