

CONFISCATED DRUG PARAPHERNALIA LOG FORM

Administrator: _____ **Date:** _____

Witness: _____ **Date:** _____

Item: _____ Confiscated from (location): _____

Item: _____ Confiscated from (location): _____

Item: _____ Confiscated from (location): _____

Item: _____ Confiscated from (location): _____

Administrator: _____ **Date:** _____

Witness: _____ **Date:** _____

Item: _____ Confiscated from (location): _____

Item: _____ Confiscated from (location): _____

Item: _____ Confiscated from (location): _____

Item: _____ Confiscated from (location): _____

Administrator: _____ **Date:** _____

Witness: _____ **Date:** _____

Item: _____ Confiscated from (location): _____

Item: _____ Confiscated from (location): _____

Item: _____ Confiscated from (location): _____

Item: _____ Confiscated from (location): _____

Given to Maintenance Director

Administrator Signature: _____ **Date** _____

Maintenance Director Signature: _____ **Date** _____

Destroyed at Maintenance Shop

Maintenance Director Signature: _____ **Date** _____

Witness Signature: _____ **Date** _____