

DRUG AND WEAPON SEIZURE REPORT

DATE: _____
TIME: _____
VENUE AND LOCATION OF SEIZURE: _____

NAME OF FINDER: _____
SIGNATURE OF FINDER: _____
SIA LICENSE NUMBER / POSITION: _____

NAME OF WITNESS: _____
SIGNATURE OF WITNESS: _____
SIA LICENSE NUMBER / POSITION: _____

DESCRIPTION OF ARTICLE: _____
BAG SEAL NUMBER: _____

CCTV FOOTAGE CAPTURED: _____
CCTV FOOTAGE GIVEN TO POLICE: _____
POLICE CALLED _____
CAD NUMBER / POLICE SHOULDER NUMBERS: _____

ACTION TAKEN AGAINST HOLDER : _____

MANAGER / LICENSEE NAME: _____
SIGNATURE: _____
POSITION: _____

FOR VENUE MANAGEMENT	
MANAGEMENT FOLLOW UP:	_____
POLICE CONTACT:	_____
DATE & TIME CALLED:	_____
POLICE RESPONSE:	_____ _____ _____
COLLECTED BY:	_____
DATE & TIME COLLECTED:	_____
SIGNATURE POLICE OFFICER:	_____
BADGE NO.:	_____