CONNECTICUT VALLEY HOSPITAL
REPORT OF CONFISCATION OF ALCOHOL,
UNAUTHORIZED SUBSTANCES, MATERIALS OR ITEMS

[ ] General Psychiatry Division  Name
[ ] Addiction Services Division

MPI________________________  Print or Addressograph

Building ____________  Ward

Contraband Confiscated By:_____________________  Date_______  Time

Contraband Submitted To Supervisor:

The following Substances/Materials were Confiscated:

1. __________________________________________

2. __________________________________________

3. __________________________________________

The above described substances were handled in the following manner:

___  Sent to Pharmacy for Disposition: Labeled Prescription Drugs or Over-the-Counter Medications

___  Turned over to CVH Police: Unauthorized/Unidentified Substances, Medications or Materials

___  Sent to the Chief Executive Officer:  Unopened Bottles of Alcohol

___  Witnessed Disposal of Substance:  Open Bottles of Alcohol

Police Officer receiving contraband consisting of tablets or capsules must validate correct count in presence of an R.N. prior to the acceptance of the contraband material.

_________________________________________
Police Officer Signature  ________________

R.N. Signature

Received by Officer:  Date ________________  Time