



**HEALTH AND WELFARE/CHAIN OF CUSTODY**  
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
 STATE HOSPITAL  
 SFN 62192 (7-2022)

Date	Time	Unit/Ward
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Search Type  
 Common Area     Personal Search     Room Search     Other (specify):

Contacted/Advised	Name	Contacted/Advised	Name
<input type="checkbox"/> Registered Nurse in Charge		<input type="checkbox"/> Security Supervisor	
<input type="checkbox"/> Nurse Supervisor		<input type="checkbox"/> Safety/Security Director	
<input type="checkbox"/> Licensed Independent Practitioner - On Call		<input type="checkbox"/> Safety	
<input type="checkbox"/> Law Enforcement		<input type="checkbox"/> Administrator on Call	

Signature	Print Name Here	Date	Time
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Witness

Individual Involved	Date of Birth
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**Property Types:** a) NDSH    b) Personal    c) Contraband    d) Illegal    e) Unknown    f) Other

**Action Taken:** 1) Destroyed    2) Returned to owner    3) Given to Security    4) Sent to Marking Room  
 5) Given to Law Enforcement    6) Placed in Personal Storage

	Item/Material Descriptions	Type	Action
1			
2			
3			
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<b>Property Types:</b> a) NDSH b) Personal c) Contraband d) Illegal e) Unknown f) Other			
<b>Action Taken:</b> 1) Destroyed 2) Returned to owner 3) Given to Security 4) Sent to Marking Room 5) Given to Law Enforcement 6) Placed in Personal Storage			
	<b>Item/Material Descriptions (continued)</b>	<b>Type</b>	<b>Action</b>
21			
22			
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**Secured Method / Material Disposition (Security / Marking Room)**

Location if Secured			
Photos Taken <input type="checkbox"/> Yes <input type="checkbox"/> No	Disposed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Time
Signature	Print Name Here	Date	Time
Witness			

NDSH Security Officer Signature	Print Name Here	Date	Time
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