**[Insert organisation name/logo]**

Record of confiscated substance

***Note\****

*This template is an example of a record of a confiscated substance and had been adapted from North Essex Partnership NHS Foundation Trust (2008) Policy for the Management of Illicit Substances.*

*\*Please delete this note before finalising this document.*

**INCIDENT DETAILS**

|  |  |
| --- | --- |
| Incident form number:  |  |
| Date and time found: |  |
| Location where substance was found: |  |
| Name of service user allegedly involved (if appropriate): |  |
| Substance found by: |  |
| Signature: |  |

**DESCRIPTION:**

|  |
| --- |
| *Description of substance (Including measurements, name/type of substance [if known], quantity found, etc)**Note: do not assume type of substance. For example, report ‘white powder’*  |

**SAFEKEEPING:**

Illicit and prescription substances must be placed in **[insert details of lockable, secure location]**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Time: |  |
| By whom: |
| Name: |  | Signature |  |
| Witness: |  | Signature: |  |

**DISPOSAL:**

|  |  |  |  |
| --- | --- | --- | --- |
| Alcohol only | Y / N | Illicit and prescription substances: | Y / N |
| *Alcohol is disposed in the sink* | *Substance is* ***[insert e.g. disposed of appropriately]*** |
| Date: |  | Time: |  |

**RECEIVING PERSON (for all illicit substances):**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Position: |  |
| Organisation |  |  |  |
| Signature: |  | Date: |  |

**STAFF CONFIRMATION – I hereby sign to confirm all details above regarding disposal:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Position: |  |
| Signature: |  | Date: |  |