

**City of Spearfish Drug and Alcohol-Free Workplace Plan
Search/Evidence Documentation Form**

This form should be completed if a search of a City-controlled area or property is conducted and/or if evidence/suspect items are confiscated as the result of a search or surrender of such items by the employee. Additional pages may be used and attached if necessary.

Name of Employee: _____

Job Title: _____

Date of investigation/search: _____ Time: _____ AM PM

Name of supervisor conducting investigation/search: _____

Job Title: _____

Name of witness to investigation/search: _____

Job Title: _____

1. Was the employee asked or directed to surrender a suspected item or evidence? ___ Yes ___ No

2. Did the employee comply with that request? ___ Yes ___ No

If no, explain: _____

3. Was search conducted? ___ Yes ___ No

4. If search was conducted, on what basis?

___ Reasonable suspicion. Describe basis of suspicion including observations, information, etc.:

___ Routine search/examination of the area: _____

___ Other (explain): _____

5. What City-controlled area or property was searched?

6. Was the employee present during the search? ___ Yes ___ No

7. Where was item or evidence located? _____

8. Describe evidence, items, or substances (visible characteristics, color, smells, labels, containers, etc.):

9. Were law enforcement authorities called? ___ Yes ___ No Time: _____ AM PM

Reporting Supervisor Signature _____ Date _____

Witness Signature _____ Date _____