Canine Facility Search Alerts

Phase I Adult Supportive Residential, TC Intensive Residential Relapse, and Intensive SACP Residential Relapse

Date: **Canine Company:**

Contractor/Facility Name: **Canine Handler:**

Facility Address: **Search Start Time:** **Search End Time:**

Note: Attach additional sheets as needed.

Search Area	Specific Location	Client Name (Last, First)	TDCJ #	Type of Client (Parole / Probation)	Description of Contraband (include amount and/or weight)	Comments
Dorm E, Room 6	Under bed	Smith, John	00000000	Probation	1 lighter; 3 hand rolled cigarettes	Client at work at time of search.
Building	Dining Room	N/A	N/A	N/A	1 pint of alcohol	No Clients present in area.

This form shall be completed each time a canine facility search is conducted. Submit via email, within five Working Days of the search, to RRD_CM@tdcj.texas.gov.