

Metal Detector Scanning Log

School Name: _____ Date: _____

Location # _____ Time _____ to _____

Number of Students Screened: _____ Number of Scanners Used: Walk Through _____ Handheld _____

Were Walk through units calibrated to the Operation Test Place (OTP): Yes _____ No _____

Number of entrances where screening procedures were conducted: _____

Were all other exterior doors monitored during screening: Yes _____ No _____

Selection Criteria for Screening: All Students _____ Partial _____ (Show Array- every _____ stu
Mark with X Must be Unbiased

Identify Screening Team Members: Place an x by equipment operators.

Attach list if more space is required.

Weapons Confiscated:

Count	Type	Other: Specify	Count
_____	Knives	_____	_____
_____	Box Cutters	_____	_____
_____	Razor Blades	_____	_____
_____	Brass Knuckles	_____	_____
_____	Toy Guns	_____	_____
_____	Real Guns	_____	_____

Other Contraband Confiscated:

_____ Cell Phones

Other Drug Paraphernalia Specify	Count	Drugs/Alcohol Specify	Count
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Violations:

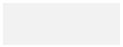
Name	Age/Grade	Reason	Suspension
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach list if more space is required.

Comments: _____

Name: _____ Title: _____

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Arrest

