

APPENDIX

The following Appendix was filed with a Notice of Emergency/
Proposed Rule Making pertaining to Contraband Drugs, I.D.

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FORM 2081 (10/15)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

CONTRABAND TEST PROCEDURE

| | | |
|---------------------|--------------------|------|
| Inmate Name | Number | Cell |
| Substance Suspected | Approximate Amount | |

System of Narcotics Identification used: The NIK® System The NARK® II System

TESTING SEQUENCE

| | |
|-----------------|--------------------------------|
| Initial Test | Resulting Colors/Color Changes |
| | Indication |
| Subsequent Test | Resulting Colors/Color Changes |
| | Indication |
| Subsequent Test | Resulting Colors/Color Changes |
| | Indication |
| Subsequent Test | Resulting Colors/Color Changes |
| | Indication |
| Subsequent Test | Resulting Colors/Color Changes |
| | Indication |

FINAL TESTING RESULTS _____

WAS PROPER AMOUNT OF SUBSTANCE USED? YES NO

WERE MANUFACTURER'S PROCEDURES FOLLOWED? YES NO

OPERATOR NAME _____ DATE OF TEST _____ TIME _____

OPERATOR TRAINING: CERTIFIED BY _____ DATE OF CERTIFICATION _____

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT.

OPERATOR SIGNATURE DATE

