



Essex Partnership University

NHS Foundation Trust

<b>SEARCH FORM</b>
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**WARD NAME:**

.....

**TYPE OF SEARCH:**

- PERSON**                       **ROOM**  
 **AFTER ADMISSION**    **RETURN FROM LEAVE**    **RANDOM CHECK**

*Please confirm items removed (by circling individual items):*

1. Lighters, matches, tobacco and tobacco products, including vape chargers and liquids  
(Description if required).....
2. Any illicit drugs, including 'legal highs' and energy drinks  
(Description if required).....
3. Toiletries in glass bottles  
(Description if required).....
4. Aerosols including deodorants and hairspray  
(Description if required).....
5. Protein and other nutritional supplements unless prescribed by a doctor?  
(Description if required).....
6. Alcohol and any liquid containing alcohol.  
(Description if required).....
7. Super glue or similar epoxy/thiocyanate based adhesives  
(Description if required).....
8. Chewing gum, Blu-tac or similar substances  
(Description if required).....
9. Knives, bladed articles, firearms and other weapons including replicas and  
homemade or manufactured items (including razors – see Razor Protocol, SSOP14)  
(Description if required).....
10. All scissors including rounded nose type  
(Description if required).....
11. Electrical surveillance equipment, covert listening devices or transmitting devices, e.g.  
Dictaphones or small stereo equipment that has the ability to record  
(Description if required).....
12. 'Hard core' pornography of media  
(Description if required).....

- 13. Glass in picture frames or mirrors  
(Description if required).....
- 14. Explosives, inflammable liquids or substances or other ignition sources  
(Description if required).....
- 15. Polythene and plastic bags  
(Description if required).....
- 16. Some DVD's, games or CD's with an over 18 certificate (TV/Video Protocol, SSOP08)  
(Description if required).....
- 17. Wire, cord, rope, string or plastic ties, trouser belts, dressing gown ties and scarves  
(Description if required).....
- 18. Binoculars and magnifying glasses (unless required for medical reasons)  
(Description if required).....
- 19. Mobile phone, laptop, cameras, Ipad/tablet chargers, cables and connectors  
(Description if required).....
- 20. Electrical items including hairdryers  
(Description if required).....
- 21. Any other item removed due to personal risk documented in patient's care plan.  
(Description if required).....

I have read the above list and agree that indicated items have been removed.

I have read the above list and agree that I have no such items in my possession.

This document will be stored .....  
(e.g. scanned to the electronic patient record and original disposed of via confidential waste)

Signed:.....Dated:.....

Refused to sign/Reason for refusal:.....

Nurses signature:.....Dated:.....