

OKLAHOMA DEPARTMENT OF CORRECTIONS (ODOC)
INMATE PROPERTY INVENTORY FORM

Duffel Bag Security Seal Number _____

| | | | | | |
|------------------------------|------------|---|-----------------------|--|--|
| Date _____ | | Facility _____ | | | |
| Inmate's ODOC Number _____ | | Print Inmate's Name (Last) _____ (First) _____ (Middle Initial) _____ | | | |
| Reason for Inventory: | | | | | |
| Reception _____ | From _____ | Release _____ | Type _____ | | |
| Transfer _____ | To _____ | Extended Absence _____ | To _____ | | |
| Escape _____ | | Special Management Housing _____ | Number of Boxes _____ | | |

Unauthorized/Excess Property To Be Mailed or Released To:

| | |
|--|-------------------------|
| Name _____ | Street _____ |
| City/State: _____ | Zip: _____ Phone: _____ |
| Description of Unauthorized/Excess Property: _____ | |

Allowable Religious Objects/Symbols (as specified in OP-030112)

| QUANTITY | CONDITION | MAKE | MODEL | COLOR | SERIAL NUMBER |
|--------------------------|-----------|------|-------|-------|---------------|
| Clock (1) | | | | | |
| Curling Iron, etc (1) | | | | | |
| Electric Razor / | | | | | |
| Beard Trimmer (1) | | | | | |
| Fan (1) | | | | | |
| Hair Dryer (1) | | | | | |
| Hot Pot (1) | | | | | |
| Radio or Clock Radio (1) | | | | | |
| Reading Light (1) | | | | | |
| Television (1) | | | | | |
| Television Remote (1) | | | | | |
| Watch (1) | | | | | |
| Wireless Tablet (1) | | | | | |

OTHER PROPERTY (LIST QUANTITY OF EACH)

| | | |
|---|--|---|
| _____ Air Mattress (1) or mattress with integrated pillow (1) | _____ Gym/Walking Shorts (1-2) | _____ Playing Cards (1 Set) |
| _____ Arts/Crafts/Paper | _____ Hair Bands (5) | _____ Postage Stamps (20) |
| _____ Athletic Shoes (1) | _____ Hair Clip (1) plastic only | _____ Ring (1 plain wedding band—no stones) |
| _____ Athletic Supporters (1-2) | _____ Hair Rollers (20) | _____ Sewing Kit (1) |
| _____ Belt (minimum) | _____ Headsets (2) | _____ Shower Shoes or Rubber/Plastic Clogs (1) |
| _____ Barrettes(5) | _____ Ice Bucket | _____ Sleepwear (2) |
| _____ Baseball/Stocking Cap (1-2) | _____ Inmate ID (1) | _____ Slip (1) |
| _____ Bath Towels (3) | _____ Insulated Underwear (0-2) | _____ Soap Dish (1) |
| _____ Bowl with Lid (1) | _____ Laundry Bag (1) | _____ Socks (7) |
| _____ Bras (7) | _____ Legal Material (1 cubic foot) | _____ Spoon (1) |
| _____ Briefs/Boxer Shorts (7) | _____ Linens (1 set) | _____ State Issue Scrub Pants (3-4) |
| _____ Brush/Comb/Pick (1-2) | _____ Makeup Bag (1) | _____ State Issue Scrub Shirt (3-4) |
| _____ Can Opener (1) | _____ Medicine (KOP) i.e., Nitroglycerin, inhaler | _____ Sweatsuit (1-2) |
| _____ Coat (1) or (3)**** | _____ Necklace (1) | _____ T-Shirt, Commemorative (1) |
| _____ Combination Padlocks (2) | _____ Nicotine Patches (1 Series) | _____ T-Shirt, State Issue (1) |
| _____ Denture Cup (1) | _____ Panties (7) | _____ T-Shirt,(5-7) Note: Maximum of 7 T-shirts allowed |
| _____ Disposable Razor (5) | _____ Personal hygiene items/cosmetics (base, lipstick, mascara) | _____ Toothbrush/Toothbrush Cap (1) |
| _____ Earrings (2) | _____ Personal Jeans (5) | _____ Tweezers (1) |
| _____ Electrical Power Bar (1) | _____ Personal Shirts (5) | _____ Wallet (1) (community corrections only) |
| _____ Electronic Game (1) | _____ Property Bag (1) | _____ Washcloths (3) |
| _____ Emery Boards(2) | _____ Photo Album (1) | _____ Work Boot (1) |
| _____ Fingernail Clippers (1) | _____ Picture Frame (8"x10") (1) | |
| _____ Footwear (1) [if no athletic shoes] | _____ Pillow (1) | |
| | _____ Plastic Coffee Cup (1) | |
| | _____ Plastic Drinking Cup (1) | |

****HWH Only

I understand that unauthorized property listed above must be mailed at my own expense within 30 days from today or that property must be picked up by the person I have indicated within 30 days. If the authorized person does not pick it up, I understand that the property will be donated or destroyed by the Oklahoma Department of Corrections (ODOC).

I acknowledge that I am responsible for all personal property recorded on my property form to include additions and deletions as well as property issued by the state and that the facility will only accept responsibility for items inventoried and secured by facility staff.

I further understand that the property form, including any additions, is considered to be the complete accounting of the personal property in my possession. Bathrobes will be discontinued through attrition and all other items will be considered contraband and disposed of in accordance with current procedures, OP-040109 entitled "Control of Contraband and Physical Evidence." I am subject to disciplinary action for possession of contraband. Inmates who are transferred from one prison to another assume the risk of alleged damage to property the inmate packs and/or carries to a transportation vehicle. The agency assumes no liability for the welfare of any inmate's property packed by or placed in a transportation vehicle by any person other than facility staff.

I REALIZE THAT I BRING ANY **(AUTHORIZED)** PERSONAL PROPERTY INTO THE FACILITY AT MY OWN RISK.
Transfer: The undersigned states this inventory includes all personal effects and property, including legal materials, and has not left any **authorized** personal property at (Facility)_____, and that all personal effects and property are undamaged and electrical appliances are in working order.

| | | | | | | | |
|---|--|------------|--|-------------------------|--|------------|--|
| Inmate Signature _____ | | Date _____ | | Inventory Officer _____ | | Date _____ | |
| Witness _____ | | Date _____ | | | | | |
| Receipt: The undersigned states that the duffel bag and all cardboard boxes were received undamaged and that the security seal was unbroken. | | | | | | | |
| Inmate Signature _____ | | Date _____ | | Inventory Officer _____ | | Date _____ | |
| Witness _____ | | Date _____ | | | | | |
| DISTRIBUTION: — Property Officer's File — Field File — Inmate — Property Box | | | | | | | |