FedCure FOIA Litigation

2005-03326

Cover Sheet

This Section Contains:

A. Manufacturing documents or studies stating the accuracy of the to Ion Spectrometer Scanning Methods

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Location: USP POLLOCK/SIS DEPARTMENT

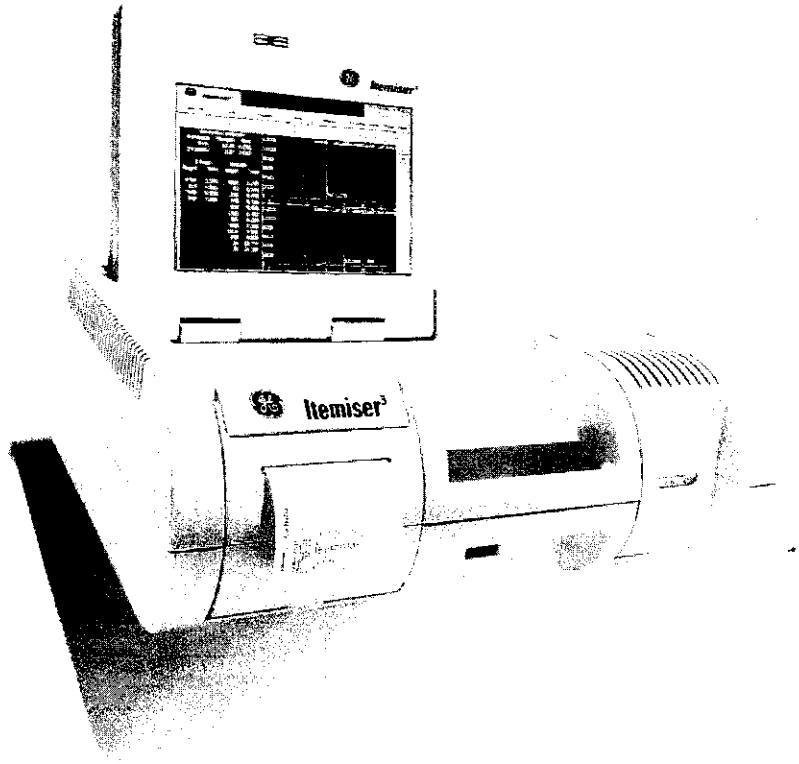
Name and phone number of person conducting search:

STEVE COPE; SIS Technician (318) 561-516

Read Me First

Itemiser^3®

Itemiser^3 Startup Procedure



Document Number TM001029 Rev. 2

GE Ion Track

ITEMISER®3 Contraband Packing List
ENGLISH

P0007018-001

Serial Number: 20669 **D/N:** 09-13768 **Customer:**

Item	ITI P/N	Qty	Packed	Checked
P0007018-001 Contents				
Spec Sheet Agreement	MP022379	1	☑	☑
105 CMR Spec Sheet	MP022380	1	☑	☑
Source Exemption Spec	MP022381	1	☑	☑
GE Ion Track Cover Letter	MP022382	1	☑	☑
Site Acceptance Test Procedure	MP022409	1	☑	☑
Shipping Case, Hard (Outer)	MP001535	1	☑	☑
Shipping Case, Soft (Inner)	PA005137	1	☑	☑
Training Material Startup Procedure, IT3	TM001029	1	☑	☑
Certificate, CE, Itemiser 3	MP022549	1	☑	☑
TK001024 Contents				
Itemiser 3, I.C.U. Assembly	MS001022H	1	☑	☑
PA005131 Contents				
AC Power Cord	EP006001	1	☑	☑
DC Power Cord	E0002162	1	☑	☑
Hand Wand Sampler	M0001240	1	☑	☑
User's Manual	MA001067	1	☑	☑
Gloves (12/pack)	MP075000	1	☑	☑
Membrane Kit (5 membranes)	PA005007	1	☑	☑
Spare Parts Kit	PA005141	1	☑	☑
Thermal Printer Paper	PA005060	1	☑	☑
Maintenance Log Book	MA001069	1	☑	☑
CE software license	S0004037	1	☑	☑
Wooden Membrane Tool	MP055226	2	☑	☑
Fan Filter	MP003222	5	☑	☑
Fan Guard	MP007125	1	☑	☑
Swabs	MP075002	1	☑	☑
Canned Air **(Shipped separately per deviation 424D)**	MP075003	0	☐	☐
Wipes	MP075005	1	☑	☑

Packed By: RR **Date:** 10/18/05 **Verified by:** MRB **Date:** 10/18/05

GE - ION Track, 205 Lowell Street, Wilmington, MA 01887, TEL: 978-658-3767, FAX: 978-657-5954

CE DECLARATION OF CONFORMITY

Application of Council Directive(s):
Low Voltage Directive 73/23/EEC – European Union (EU)

EMC Directive 89/336/EEC – European Union (EU)

Standard(s) to which Conformity is Declared:
EN61010-1 (2001) – Safety Requirements for Electrical Equipment for Measurement, Control and Laboratory Use – Part 1: General Requirements, IEC 61010 : 2000

EN61326: – Electrical Equipment for Measurement, Control and Laboratory Use EMC Requirements Part 1: General Requirements Includes Amendment A1 : 1998 ; IEC 61326 : 1997 + A1:1998

Manufacturer's Name: **GE Ion Track**

Manufacturer's Address: **205 Lowell Street**
Wilmington, MA 01887

Type of Equipment: **Explosives & Narcotics Detection and Identification System**

Model Number: **Itemiser 3**

I, the undersigned, hereby declare that the equipment specified above conforms to the above identified standard(s).

Place: Wilmington , MA

Date: December 21, 2004

(Officer of GE Ion Track)

Tim Mathews
(Full Name)

General Manager, Homeland Protection
(Position)

CTI
Calibration Technology

A Division of RSCS, Inc.

Leak Test Certificate

Leak Test Number: 04-10583

Contact: Mary Serafini
Customer: G.E. Ion Track
205 Lowell Street
Wilmington, MA 01887-

Phone Number(s):

Technical	978-909-1232
Main	978-658-3767
Fax	978-657-5954

Source Data

Serial Number: 09-13768 **Isotope:** Ni-63 **Activity Level:** 10 mCi

Equipment s/n: **Assay Date:**

Description: Outside the bottle

Analysis Data

Collected By: Bill Obara **Analyzed By:** BHM

Collection Date: 09/14/2005 **Analysis Date:** 09/15/2005

Analysis Instrument: Tennelec LB5100 S/N: L11263 **Calibration Due Date:** 01/10/2006

Leak Test Results: < 0.005 µCi

Comments:

RSCS Representative

09/15/2005
Date

Please contact your RSCS representative if you have any further questions. RSCS, Inc. is licensed by the New Hampshire Bureau of Radiological Health (License # 381R) to perform and analyze leak tests of radioactive sources.

NRC REGIONAL OFFICE	ADDRESS	CONTACTS	INFO
Headquarters	US NRC One White Flint North 11555 Rockville Pike Rockville, Maryland 20852-2738 **or** Two White Flint North 11545 Rockville Pike Rockville, Maryland 20852-2738	Switchboard: 301-415-7000	
Region I	US NRC 475 Allendale Road King of Prussia, PA 19406-1415	Switchboard: 610-337-5000 7:30 a.m.-4:15 p.m. (EST) Mon - Fri	
Region II	US NRC Sam Nunn Atlanta Federal Center, 23 T85 61 Forsyth Street, SW Atlanta, GA 30303-8931	Switchboard: 404-562-4400 7:30 a.m.-4:15 p.m. (EST) Mon - Fri	
Region III	US NRC 801 Warrenville Road Lisle, IL 60532-4351	Switchboard: 630-829-9500 7:00 a.m.-4:45 p.m. (EST) Mon - Fri	
Region IV	US NRC Harris Tower 611 Ryan Plaza Drive, Suite 400 Arlington, TX 76011-8064	Switchboard: 817-860-8100 7:30 a.m.-4:15 p.m. (EST) Mon - Fri	

State Assignments to NRC Regional Offices

Region I	Region II	Region III	Region IV	
* Connecticut	Alabama	Illinois	* Alaska	Oregon
* District of Columbia	Florida	* Indiana	Arkansas	* South Dakota
* Delaware	Georgia	Iowa	Arizona	Texas
Maine	Kentucky	* Michigan	California	Utah
Maryland	Mississippi	# Minnesota	Colorado	Washington
Massachusetts	North Carolina	* Missouri	* Hawaii	* Wyoming
New Hampshire	South Carolina	Ohio	* Idaho	
* New Jersey	Tennessee	# Wisconsin	Kansas	
New York	* Virginia		Louisiana	
# Pennsylvania	* West Virginia		* Montana	
* Puerto Rico			Nebraska	
Rhode Island			Nevada	
* Vermont			New Mexico	
			North Dakota	
			Oklahoma	

* Non-Agreement State # Non-Agreement State - Submitted Letter of Intent to Apply

120.122 continued

(D) Certain Measuring, Gauging or Controlling Devices.

(1) A general license is hereby issued to commercial and industrial firms and to research, educational and medical institutions, individuals in the conduct of their business, and State or local government agencies to own, receive, acquire, possess, use or transfer in accordance with the provisions of 105 CMR 120.122(D)(2), (3), and (4), radioactive material, excluding special nuclear material, contained in devices designed and manufactured for the purpose of detecting, measuring, gauging or controlling thickness, density, level, interface location, radiation, leakage, or qualitative or quantitative chemical composition, or for producing light or an ionized atmosphere.

(2) The general license in 105 CMR 120.122(D)(1) applies only to radioactive material contained in devices which have been manufactured and labeled in accordance with the specifications contained in a specific license issued by the Agency pursuant to 105 CMR 120.128(D) or in accordance with the specifications contained in a specific license issued by the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State, which authorizes distribution of devices to persons generally licensed by the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State. Regulations under the Federal Food, Drug, and Cosmetic Act authorizing the use of radioactive control devices in food production require certain additional labeling thereon which is found in 21 CFR 179.21.

(3) Any person who owns, receives, acquires, possesses, uses, or transfers radioactive material in a device pursuant to the general license in 105 CMR 120.122(D)(1):

(a) shall assure that all labels affixed to the device at the time of receipt, and bearing a statement that removal of the label is prohibited, are maintained thereon and shall comply with all instructions and precautions provided by such labels;

(b) shall assure that the device is tested for leakage of radioactive material and proper operation of the "on-off" mechanism and indicator, if any, at no longer than six-month intervals or at such other intervals as are specified in the label, however,

1. devices containing only krypton need not be tested for leakage of radioactive material; and,

2. devices containing only tritium or not more than 100 microcuries (3.7 MBq) of other beta and/or gamma-emitting material or ten microcuries (0.37 MBq) of alpha-emitting material and devices held in storage in the original shipping container prior to initial installation need not be tested for any purpose;

(c) shall assure that other testing, installation, servicing, and removal from installation involving the radioactive material, its shielding or containment, are performed:

1. in accordance with the instructions provided by the labels; or,

2. by a person holding an applicable specific license from the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State to perform such activities;

(d) shall maintain records showing compliance with the requirements of 105 CMR 120.122(D)(3)(b) and (c). The records shall show the results of tests. The records also shall show the dates of performance of, and the names of persons performing, testing, installation, servicing, and removal from installation concerning the radioactive material, its shielding or containment. Records of tests for leakage of radioactive material required by 105 CMR 120.122(D)(3)(b) shall be maintained for one year after the next required leak test is performed or until the sealed source is transferred or disposed of. Records of tests of the "on-off" mechanism and indicator required by 105 CMR 120.122(D)(3)(b) shall be maintained for one year after the next required test of the "on-off" mechanism and indicator is performed or until the sealed source is transferred or disposed of. Records which are required by 105 CMR 120.122(D)(3)(c) shall be maintained for a period of two years from the date of the recorded event or until the device is transferred or disposed of;

(e) upon the occurrence of a failure of or damage to, or any indication of a possible failure of or damage to, the shielding of the radioactive material or the "on-off" mechanism or indicator, or upon the detection of 0.005 microcurie (185 Bq) or more removable radioactive material, shall immediately suspend operation of the device until it has been repaired by the manufacturer or other person holding an applicable specific license from the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State to repair such devices, or disposed of by transfer to a person authorized by an applicable specific license to receive the radioactive material contained in the device and, within 30 days, furnish to the Agency a report containing a brief description of the event and the remedial action taken;

120.122 continued

(f) shall not abandon the device containing radioactive material;

(g) except as provided in 105 CMR 120.122(D)(3)(h), shall transfer or dispose of the device containing radioactive material only by transfer to a specific licensee of the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State whose specific license authorizes him to receive the device and within 30 days after transfer of a device to a specific licensee shall furnish to the Agency a report containing identification of the device by manufacturer's name and model number and the name and address of the person receiving the device. No report is required if the device is transferred to the specific licensee in order to obtain a replacement device;

(h) shall transfer the device to another general licensee only:

1. where the device remains in use at a particular location. In such case the transferor shall give the transferee a copy of 105 CMR 120.100 and any safety documents identified in the label on the device and within 30 days of the transfer, report to the Agency the manufacturer's name and model number of device transferred, the name and address of the transferee, and the name and/or position of an individual who may constitute a point of contact between the Agency and the transferee; or

2. where the device is held in storage in the original shipping container at its intended location of use prior to initial use by a general licensee; and

(i) shall comply with the provisions of 105 CMR 120.281 and 120.282 for reporting radiation incidents, theft, or loss of licensed material, but shall be exempt from the other requirements of 105 CMR 120.200 and 120.750.

(4) The general license in 105 CMR 120.122(D)(1) does not authorize the manufacture of devices containing radioactive material.

(5) The general license provided in 105 CMR 120.122(D)(1) is subject to the provisions of 105 CMR 120.005 through 120.016, 120.131, 120.140, 120.150, and 120.770.

GE Ion Track

205 Lowell Street Wilmington, MA 01887

TEL: 978-658-3767; FAX: 978-657-5954

Source Exemption Statement

Excepted Packages of Instruments or Articles Containing Limited Quantities of Radioactive Material

Shipment Number: **Date:**

This package conforms to the conditions and limitations specified in:

☒ 49 CFR.173.424 for radioactive material, excepted package – instruments or articles, UN2911

☐ 49 CFR.173.421 for radioactive material, excepted package – limited quantity of material, UN2910

☐ 49 CFR.173.428 for radioactive material, excepted package – empty package, UN2908

Shipping Manager _____ **Date:** 9/22/05

Comments: For (explosives / narcotics) detection instrument containing a sealed 10 mCi (370 MBq) Ni – 63 source

GE Ion Track

Dear Customer:

Congratulations on the purchase of your **ITMS®** detection system. We trust that it will give you many years of service.

The instrument, (device), contains an ultra sensitive Ion Trap Mobility Spectrometer, which utilizes a radioactive source to provide a means of ionizing the sampled air. The radioactive source is a Ni-63 beta radiation source. Ni-63 is a low-energy beta emitter: none of the radiation from this source can penetrate the internal assembly and expose the operator. However, in order to ensure that no Ni-63 leaks from the source holder, the device must be leak tested annually. . There are no serviceable parts in the detector and no attempt to access the source or detector must be made.

Possession and use of the device is governed by Code of Massachusetts Regulations 105CMR 120.122(D) (Certain Measuring, Gauging, or Controlling Devices) or by the U.S. Nuclear Regulatory Commission or Agreement State under requirements substantially the same as those in 105 CMR 120.122(D). Copies of the relevant sections are enclosed together with a list of agreement states and U.S. NRC regions. We would ask you to examine these and acquaint yourself with the regulatory responsibilities and check with your state or other radiation control agency to verify if further registration is required. The device is registered with the Massachusetts Radiation Control Program under GE Ion Track's Sealed Source Device Registration, Number MA-0399-D-104-G, and distributed under license# 15-5254.

Please do not hesitate to call me if any questions arise regarding the enclosed regulations or wipe testing your ITMS detection system**ITEMISER3®**.

Sincerely yours,

Sean Baker
Technical Services Manager

Note: No changes may be made to this document without the review and consent of the radiation safety officer.

GE Ion Track

Certificate of Conformance

This certifies that the item or service listed below conforms with the requirements specified by GE Ion Track for the part number shown including specifications, drawings, packing and marking requirements.

Item	Qty	Part Number	Description
1	1	P0007018-001	ITEMISER3

NOTE: Some parts may be controlled by shelf life and may need to be kept in an environmentally controlled storage facility.

Ken Lizotte
Customer Support Services

FedCure FOIA Litigation

2005-03326

Cover Sheet

This Section Contains:

B. Documents identifying the number of Visitors turned away because of the scanning method

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Location: USP POLLOCK, LA

Name and phone number of person conducting search:

STEVE COPE; SIS Technician (318) 561-5416

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	02/05/2006	**REPORT MONTH:**	January
INSTITUTION:	USP Pollock	**FACILITY CODE:**	POL
TELEPHONE:	318-561-5400	**FTS:**	
SUBMITTED BY:	(b)(7)c		

REVIEWED BY:

Captain:	**Frederick Jefferson**
AW(P):	**Bobby Tyler**
Warden:	**Fredrick Menifee**

SECTION 1: INSTITUTION SUMMARY

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A total of	475	**inmate visitors were processed during this reporting month.**
A total of	124	**inmate visitors were scanned.**
A total of	7	**ION Spectrometer Device positive hits for narcotics were reported.**

Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000)	**Itemiser 3**

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	03/03/2006	**REPORT MONTH:**	February
INSTITUTION:	USP Pollock	**FACILITY CODE:**	POL
TELEPHONE:	318-561-5400	**FTS:**	
SUBMITTED BY:	(b)(7)c		

REVIEWED BY:	
Captain:	**Frederick Jefferson**
AW(P):	**Bobby Tyler**
Warden:	**Fredrick Menifee**

SECTION 1: INSTITUTION SUMMARY

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A total of	486	**inmate visitors were processed during this reporting month.**
A total of	150	**inmate visitors were scanned.**
A total of	5	**ION Spectrometer Device positive hits for narcotics were reported.**

Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000)	**Itemiser 3**

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	04/05/2006	**REPORT MONTH:**	March
INSTITUTION:	USP Pollock	**FACILITY CODE:**	POL
TELEPHONE:	318-561-5400	**FTS:**	
SUBMITTED BY:	(b)(7)c		

REVIEWED BY:	
Captain:	**Frederick Jefferson**
AW(P):	**Bobby Tyler**
Warden:	**Fredrick Menifee**

SECTION 1: INSTITUTION SUMMARY

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A total of	747	**inmate visitors were processed during this reporting month.**
A total of	373	**inmate visitors were scanned.**
A total of	6	**ION Spectrometer Device positive hits for narcotics were reported.**

Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000)	**Itemiser 3**

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	**05/05/2006**	**REPORT MONTH:**	**April**
INSTITUTION:	**USP Pollock**	**FACILITY CODE:**	**POL**
TELEPHONE:	**318-561-5400**	**FTS:**	
SUBMITTED BY:	(b)(7)c		

REVIEWED BY:	
Captain:	**Frederick Jefferson**
AW(P):	**Bobby Tyler**
Warden:	**Fredrick Menifee**

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A total of	600	**inmate visitors were processed during this reporting month.**
A total of	194	**inmate visitors were scanned.**
A total of	16	**ION Spectrometer Device positive hits for narcotics were reported.**

Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000)	**Itemiser 3**

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	06/05/2006	**REPORT MONTH:**	May
INSTITUTION:	USP Pollock	**FACILITY CODE:**	POL
TELEPHONE:	318-561-5400	**FTS:**	
SUBMITTED BY:	(b)(7)c		

REVIEWED BY:	
Captain:	**Frederick Jefferson**
AW(P):	**Bobby Tyler**
Warden:	**Fredrick Menifee**

SECTION 1: INSTITUTION SUMMARY

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A total of	470	**inmate visitors were processed during this reporting month.**
A total of	192	**inmate visitors were scanned.**
A total of	6	**ION Spectrometer Device positive hits for narcotics were reported.**

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Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000)	**Itemiser 3**

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	**07/05/2006**	**REPORT MONTH:**	**June**
INSTITUTION:	**USP Pollock**	**FACILITY CODE:**	**POL**
TELEPHONE:	**318-561-5400**	**FTS:**	
SUBMITTED BY:	(b)(7)c		

REVIEWED BY:	
Captain:	**Frederick Jefferson**
AW(P):	**Bobby Tyler**
Warden:	**Fredrick Menifee**

SECTION 1: INSTITUTION SUMMARY

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A total of	482	**inmate visitors were processed during this reporting month.**
A total of	144	**inmate visitors were scanned.**
A total of	6	**ION Spectrometer Device positive hits for narcotics were reported.**

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Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000)	**Itemiser 3**

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	**08/05/2006**	**REPORT MONTH:**	**July**
INSTITUTION:	**USP Pollock**	**FACILITY CODE:**	**POL**
TELEPHONE:	**318-561-5400**	**FTS:**	
SUBMITTED BY:	(b)(7)c		

REVIEWED BY:	
Captain:	**Frederick Jefferson**
AW(P):	**John Bell**
Warden:	**Fredrick Menifee**

SECTION 1: INSTITUTION SUMMARY

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A total of	564	**inmate visitors were processed during this reporting month.**
A total of	222	**inmate visitors were scanned.**
A total of	5	**ION Spectrometer Device positive hits for narcotics were reported.**
Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000)		**Itemiser 3**

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	**10/05/2006**	**REPORT MONTH:**	**September**
INSTITUTION:	**USP Pollock**	**FACILITY CODE:**	**POL**
TELEPHONE:	**318-561-5400**	**FTS:**	
SUBMITTED BY:	(b)(7)c		

REVIEWED BY:

Captain:	**Rick Marques**
AW(P):	**John Bell**
Warden:	**Fredrick Menifee**

SECTION 1: INSTITUTION SUMMARY

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A total of	494	**inmate visitors were processed during this reporting month.**
A total of	157	**inmate visitors were scanned.**
A total of	2	**ION Spectrometer Device positive hits for narcotics were reported.**

Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000)	**Itemiser 3**

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	11/03/2006	**REPORT MONTH:**	October
INSTITUTION:	USP Pollock	**FACILITY CODE:**	POL
TELEPHONE:	318-561-5400	**FTS:**	
SUBMITTED BY:	(b)(7)c		

REVIEWED BY:	
Captain:	Rick Marques
AW(P):	J. H. Bell
Warden:	Fredrick Menifee

SECTION 1: INSTITUTION SUMMARY

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A total of	486	**inmate visitors were processed during this reporting month.**
A total of	163	**inmate visitors were scanned.**
A total of	3	**ION Spectrometer Device positive hits for narcotics were reported.**

Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000)	**Itemiser 3**

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	12/05/2006	**REPORT MONTH:**	November
INSTITUTION:	USP Pollock	**FACILITY CODE:**	POL
TELEPHONE:	318-561-5400	**FTS:**	
SUBMITTED BY:	(b)(7)c		

REVIEWED BY:

Captain:	**Rick Marques**
AW(P):	**J. H. Bell**
Warden:	**Fredrick Menifee**

SECTION 1: INSTITUTION SUMMARY

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A total of	497	**inmate visitors were processed during this reporting month.**
A total of	135	**inmate visitors were scanned.**
A total of	1	**ION Spectrometer Device positive hits for narcotics were reported.**

Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000)	**Itemiser 3**

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	01/05/2007	**REPORT MONTH:**	December
INSTITUTION:	USP Pollock	**FACILITY CODE:**	POL
TELEPHONE:	318-561-5400	**FTS:**	
SUBMITTED BY:	(b)(7)c		

REVIEWED BY:	
Captain:	**Rick Marques**
AW(P):	**J. H. Bell**
Warden:	**Fredrick Menifee**

SECTION 1: INSTITUTION SUMMARY

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A total of	615	**inmate visitors were processed during this reporting month.**
A total of	181	**inmate visitors were scanned.**
A total of	8	**ION Spectrometer Device positive hits for narcotics were reported.**

(b)(7)e

Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000)	**Itemiser 3**

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	**02/05/2007**	**REPORT MONTH:**	**January**
INSTITUTION:	**USP Pollock**	**FACILITY CODE:**	**POL**
TELEPHONE:	**318-561-5400**	**FTS:**	
SUBMITTED BY:	(b)(7)c		
REVIEWED BY:			
Captain:	**Rick Marques**		
AW(P):	**J. H. Bell**		
Warden:	**Fredrick Menifee**		

SECTION 1: INSTITUTION SUMMARY

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A total of	324	**inmate visitors were processed during this reporting month.**
A total of	150	**inmate visitors were scanned.**
A total of	11	**ION Spectrometer Device positive hits for narcotics were reported.**
Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000)		**Itemiser 3**

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	03/05/2007	**REPORT MONTH:**	February
INSTITUTION:	USP Pollock	**FACILITY CODE:**	POL
TELEPHONE:	318-561-5400	**FTS:**	
SUBMITTED BY:	(b)(7)c		

REVIEWED BY:	
Captain:	Rick Marques
AW(P):	J. H. Bell
Warden:	Fredrick Menifee

SECTION 1: INSTITUTION SUMMARY

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A total of	413	**inmate visitors were processed during this reporting month.**
A total of	159	**inmate visitors were scanned.**
A total of	8	**ION Spectrometer Device positive hits for narcotics were reported.**
Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000)		**Itemiser 3**

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	**04/05/2007**	**REPORT MONTH:**	**March**
INSTITUTION:	**USP Pollock**	**FACILITY CODE:**	**POL**
TELEPHONE:	**(318)561-5400**	**FTS:**	
SUBMITTED BY:	(b)(7)c		

REVIEWED BY:	
Captain:	**Rick Marques**
AW(P):	**J.H. Bell**
Warden:	**Fredrick Menifee**

SECTION 1: INSTITUTION SUMMARY

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A total of	**460**	**alcohol tests were administered.**
A total of	**7**	**ION Spectrometer Device positive hits for narcotics were reported.**
A total of	**440**	**inmate visitors were processed during this reporting month.**

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	**05/04/2007**	**REPORT MONTH:**	**April**
INSTITUTION:	**USP Pollock**	**FACILITY CODE:**	**POL**
TELEPHONE:	**(318) 561-5400**	**FTS:**	
SUBMITTED BY:	(b)(7)c		

REVIEWED BY:

Captain:	**Rick Marques**
AW(P):	**J.H. Bell**
Warden:	**Fredrick Menifee**

SECTION 1: INSTITUTION SUMMARY

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A total of	199	**inmate visitors were processed during this reporting month.**
A total of	95	**inmate visitors were scanned.**
A total of	7	**ION Spectrometer Device positive hits for narcotics were reported.** **Monthly %: 0.5125628**

Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000) **GE Itemiser[3]**

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	**06/05/2007**	**REPORT MONTH:**	**May**
INSTITUTION:	**USP Pollock**	**FACILITY CODE:**	**POL**
TELEPHONE:	**(318) 561-5400**	**FTS:**	
SUBMITTED BY:	(b)(7)c		

REVIEWED BY:	
Captain:	**Rick Marques**
AW(P):	**J.H. Bell**
Warden:	**Fredrick Menifee**

SECTION 1: INSTITUTION SUMMARY

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A total of	236	**inmate visitors were processed during this reporting month.**	
A total of	77	**inmate visitors were scanned.**	
A total of	2	**ION Spectrometer Device positive hits for narcotics were reported.**	**Monthly %: 0.3347458**
Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000)		**GE Itemiser[3]**	

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	**07/05/2007**	**REPORT MONTH:**	**June**
INSTITUTION:	**USP Pollock**	**FACILITY CODE:**	**POL**
TELEPHONE:	**(318) 561-5400**	**FTS:**	
SUBMITTED BY:	(b)(7)c		

REVIEWED BY:	
Captain:	**Rick Marques**
AW(P):	**J.H. Bell**
Warden:	**Fredrick Menifee**

SECTION 1: INSTITUTION SUMMARY

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A total of	486	**inmate visitors were processed during this reporting month.**
A total of	183	**inmate visitors were scanned.**
A total of	5	**ION Spectrometer Device positive hits for narcotics were reported.** **Monthly %: 0.3868313**
Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000)		**GE Itemiser^3**

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	**08/05/2007**	**REPORT MONTH:**	**July**
INSTITUTION:	**USP Pollock**	**FACILITY CODE:**	**POL**
TELEPHONE:	**(318) 561-5400**	**FTS:**	
SUBMITTED BY:	(b)(7)c		

REVIEWED BY:	
Captain:	**Rick Marques**
AW(P):	**J.H. Bell**
Warden:	**Fredrick Menifee**

SECTION 1: INSTITUTION SUMMARY

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A total of	307	**inmate visitors were processed during this reporting month.**
A total of	142	**inmate visitors were scanned.**
A total of	3	**ION Spectrometer Device positive hits for narcotics were reported.** **Monthly %: 0.4723127**
Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000)		**GE Itemiser[3]**

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	**09/05/2007**	**REPORT MONTH:**	**August**
INSTITUTION:	**USP Pollock**	**FACILITY CODE:**	**POL**
TELEPHONE:	**(318) 561-5400**	**FTS:**	
SUBMITTED BY:	(b)(7)c		

REVIEWED BY:	
Captain:	**Rick Marques**
AW(P):	**J.H. Bell**
Warden:	**Fredrick Menifee**

SECTION 1: INSTITUTION SUMMARY

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A total of	355	**inmate visitors were processed during this reporting month.**
A total of	150	**inmate visitors were scanned.**
A total of	6	**ION Spectrometer Device positive hits for narcotics were reported.** **Monthly %: 0.4394366**
Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000)		**GE Itemiser[3]**

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	**10/05/2007**	**REPORT MONTH:**	**September**
INSTITUTION:	**USP Pollock**	**FACILITY CODE:**	**POL**
TELEPHONE:	**(318) 561-5400**	**FTS:**	
SUBMITTED BY:	(b)(7)c		

REVIEWED BY:	
Captain:	**Rick Marques**
AW(P):	**J.H. Bell**
Warden:	**Fredrick Menifee**

SECTION 1: INSTITUTION SUMMARY

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A total of	366	**inmate visitors were processed during this reporting month.**
A total of	195	**inmate visitors were scanned.**
A total of	2	**ION Spectrometer Device positive hits for narcotics were reported.** **Monthly %: 0.5382514**
Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000)		**GE Itemiser^3**

(b)(7)e

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	**11/05/2007**	**REPORT MONTH:**	**October**
INSTITUTION:	**USP Pollock**	**FACILITY CODE:**	**POL**
TELEPHONE:	**(318) 561-5400**	**FTS:**	
SUBMITTED BY:	(b)(7)c		
REVIEWED BY:			
Captain:	**Rick Marques**		
AW(P):	**J.H. Bell**		
Warden:	**Fredrick Menifee**		

SECTION 1: INSTITUTION SUMMARY

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A total of	123	**inmate visitors were processed during this reporting month.**	
A total of	301	**inmate visitors were scanned.**	
A total of	0	**ION Spectrometer Device positive hits for narcotics were reported.**	**Monthly %: 2.4471545**
Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000)		**GE Itemiser^3**	

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	**12/05/2007**	**REPORT MONTH:**	**November**
INSTITUTION:	**USP Pollock**	**FACILITY CODE:**	**POL**
SUBMITTED BY:	(b)(7)c		

REVIEWED BY:

Captain:	**Rick Marques**
AW(P/C):	**John Bell**
Warden:	**Joe Keffer**

SECTION 1: INSTITUTION SUMMARY

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A total of	186	**inmate visitors were processed.**		
A total of	63	**inmate visitors were scanned.**		
A total of	2	**ION Spectrometer Device positive hits for narcotics.**	**Monthly Positive %:**	**3.2%**

Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000)	**GE Itemiser III**

SECTION 2:

(b)(7)e

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	**01/05/2008**	**REPORT MONTH:**	**December**
INSTITUTION:	**USP Pollock**	**FACILITY CODE:**	**POL**
SUBMITTED BY:	(b)(7)c		

REVIEWED BY:

Captain:	**Rick Marques**
AW(P/C):	**S.R. Grant**
Warden:	**Joe Keffer**

SECTION 1: INSTITUTION SUMMARY

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A total of	487	**inmate visitors were processed.**		
A total of	149	**inmate visitors were scanned.**		
A total of	1	**ION Spectrometer Device positive hits for narcotics.**	**Monthly Positive %:**	**0.7%**
Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000)		**GE Itemiser III**		

SECTION 2

(b)(7)e

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	**02/05/2008**	**REPORT MONTH:**	**January**
INSTITUTION:	**USP Pollock**	**FACILITY CODE:**	**POL**
SUBMITTED BY:	(b)(7)c		

REVIEWED BY:

Captain:	**Rick Marques**
AW(P/C):	**S.R. Grant**
Warden:	**Joe Keffer**

SECTION 1: INSTITUTION SUMMARY

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A total of	491	**inmate visitors were processed.**		
A total of	104	**inmate visitors were scanned.**		
A total of	2	**ION Spectrometer Device positive hits for narcotics.**	**Monthly Positive %:**	**1.9%**

Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000)	**GE Itemiser III**

SECTION 2

(b)(7)e

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	**03/05/2008**	**REPORT MONTH:**	**February**
INSTITUTION:	**USP Pollock**	**FACILITY CODE:**	**POL**
SUBMITTED BY:	(b)(7)c		

REVIEWED BY:

Captain:	**Rick Marques**
AW(P/C):	**S.R. Grant**
Warden:	**Joe Keffer**

SECTION 1: INSTITUTION SUMMARY

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A total of	412	**inmate visitors were processed.**		
A total of	144	**inmate visitors were scanned.**		
A total of	4	**ION Spectrometer Device positive hits for narcotics.**	**Monthly Positive %:**	**2.8%**
Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000)		**Itemiser III**		

SECTION 2

(b)(7)e

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	**03/05/2008**	**REPORT MONTH:**	**February**
INSTITUTION:	**USP Pollock**	**FACILITY CODE:**	**POL**
SUBMITTED BY:	(b)(7)c		

REVIEWED BY:

Captain:	**Rick Marques**
AW(P/C):	**S.R. Grant**
Warden:	**Joe Keffer**

SECTION 1: INSTITUTION SUMMARY

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A total of	412	**inmate visitors were processed.**		
A total of	144	**inmate visitors were scanned.**		
A total of	4	**ION Spectrometer Device positive hits for narcotics.**	**Monthly Positive %:**	**2.8%**
Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000)		**GE Itemiser III**		

SECTION 2

(b)(7)e

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	**04/05/2008**	**REPORT MONTH:**	**March**
INSTITUTION:	**USP Pollock**	**FACILITY CODE:**	**POL**
SUBMITTED BY:	(b)(7)c		

REVIEWED BY:

Captain:	**Rick Marques**
AW(P/C):	**S.R. Grant**
Warden:	**Joe Keffer**

SECTION 1: INSTITUTION SUMMARY

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A total of	719	**inmate visitors were processed.**		
A total of	175	**inmate visitors were scanned.**		
A total of	5	**ION Spectrometer Device positive hits for narcotics.**	**Monthly Positive %:**	**2.9%**
Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000)			**Itemiser III**	

SECTION 2

(b)(7)e

MONTHLY INMATE INTELLIGENCE REPORTING SUMMARY

DATE:	**05/05/2008**	**REPORT MONTH:**	**April**
INSTITUTION:	**USP Pollock**	**FACILITY CODE:**	**POL**
SUBMITTED BY:	(b)(7)c		

REVIEWED BY:

Captain:	**Rick Marques**
AW(P/C):	**S.R. Grant**
Warden:	**Joe Keffer**

SECTION 1: INSTITUTION SUMMARY

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A total of	229	**inmate visitors were processed.**		
A total of	17	**inmate visitors were scanned.**		
A total of	0	**ION Spectrometer Device positive hits for narcotics.**	**Monthly Positive %:**	**0.0%**
Name of ION Spectrometer Device and Model: (Example: ION Track - Saber 2000)		**Itemiser III**		

SECTION 2

(b)(7)e

FedCure FOIA Litigation

2005-03326

Cover Sheet

This Section Contains:

C. Information related to the training methods used for operators

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Location: USP POLLOCK, LA

Name and phone number of person conducting search:

STEVE COPE; SIS Technician (318) 561-5416

START UP/PRE-TESTING SET-UP VALIDATION PROCEDURES

1. Wash hands with soap and water.

2. **Clean the Itemiser and area around the Itemiser with a pre-saturated alcohol wipe/swab.** (Annotate on Daily Pre/Post Operation Log)

3. Log on to system using the password 1 2 3 4.

4. Press <Menu>, then <Auto Calibrate>. The unit will display **"Insert Calibration Trap"** in Select Scan View. At this point the Itemiser is ready to accept the calibration trap.

5. Put on clean cotton gloves and remove a calibration trap from the container. The calibration trap will have a "C" on it. Place the calibration trap into the detection slot on the desorber. It will analyze the sample.

6. Drugs Detected should appear on the screen. Remove the calibration trap from the detection slot on the desorber when instructed. Use the trap only once and discard it. A screen will appear. Press O.K. The Calibration test will print. Sign printed sheet and annotate on Daily Pre/Post Operation Log. (See Example).

7. Once the system is calibrated, press the <Clear> button on the screen to clear the system of contraband from the calibration procedure. Do not attempt to take another sample until the "No Alarm-Ready" prompt appears on the screen. The itemiser is now ready to analyze samples.

8. **Test the work area and gloves you are using.** Put on a new pair of gloves and Obtain wand and "Sample Trap". Handle trap by wide end only. Press button on back of hand wand and insert tip of trap into tip of wand. Release button and push wide area of trap down until tab goes through the hole in trap. Test the Work Area and your gloves. Perform sampling procedures, remove trap from the wand. Immediately insert trap into detection slot on the desorber. The Itemiser will analyze the sample. When prompted remove Sample Trap. (Annotate on Daily Pre/Post Operation Log). Print the results from this test. Press <Menu>, then <Print>. Sign and attach the test results to the Daily Pre/Post Operation Log.

Sign and Attach Printouts for the following tests to the Daily Pre/Post Operation Log.
-Pre-Test Validation
-Work Area/Gloves Test

POST TESTING AND SHUTDOWN PROCEDURES:

End of Shift:

1. Check to make sure all "Daily Testing Log" (Form BP-S730) entries have been completed and are accurate.

2. Check to make sure all "Positive Alarm Log" (Form BP-S731) entries have been completed and are accurate and have the required signed receipts attached.

3. Conduct POST-Testing Verification Procedures. **Repeat steps 4 thru 8 on Pre-Test on START UP/PRE-TESTING SET-UP VALIDATION PROCEDURES**. This is your Post-Testing Verification.

4. Note positive test result on "Daily PRE/ POST Operations Log" (Form BP-S729), and staple positive signed test receipt to log as indicated.

Sign and Attach Printouts for the following tests to the Daily Pre/Post Operation Log.
-Post-Test Validation
-Work Area/Gloves Test

Shutdown Procedures:
1) Staple together all paperwork and turn into the Lt's Office.

2) DO NOT POWER DOWN SYSTEM. Unplug system and system will run on battery backup. Immediately take the Itemiser to the SIS Office and plug the system in. The battery backup will only last 30 minutes.

Date Conducted Training: 6-5-05

Training Conducted by: (b)(7)c

Person Being Trained:

SAMPLE COLLECTION AND ANALYSIS:

****DO NOT CONDUCT ANY TESTING ON STAFF****

1. Enter Visitors information on the "Daily Testing Log"(Form BP-S730). **See Sample Form. (NOTE: First and Last name of the visitor is required)**

2. Obtain and put on clean Cotton Gloves.

3. Obtain wand and "Sample Trap". Handle trap by wide end only. Press button on back of hand wand and insert tip of trap into tip of wand. Release button and push wide area of trap down until tab goes through the hole in trap. Sample Traps can be used until a positive test is obtained or the sample trap is excessively dirty or worn.

4. Collect sample. (Samples are collected by wiping surfaces (ex: hands, tops of the front pants pocket, waist area, pant's cuff or shoe area and personal identification.)

5. Remove trap from the wand. Immediately insert trap into the detection slot on the Desorber. The Itemiser will analyze the sample. When prompted remove Sample Trap. Annotate results on "Daily Testing Log"(Form BP-S730).

> - *If no drugs are found, the **No Alarm-Ready** indicator will be displayed.* Negative Results will not be printed. Continue processing visitor. You are now ready to test the next visitor.

If the sample tests positive the "Drugs Detected" prompt will be displayed. The substances detected are displayed on the lower portion of the screen with a red bar.

If this occurs conduct the POSITIVE ALARM procedures. SEE POSITIVE ALARM PROCEDURES.

POSITIVE ALARM PROCEDURES:

If the sample tests positive the "Drugs Detected" prompt will be displayed, and the results of the analysis will be printed on the printer.

1. Remove the sample trap from the detection slot on the desorber and ***Discard it.***

2. Initiate "Positive Alarm Log" (Form BP-S731) and record Positive Alarm #1 results. **See Attached Sample Form.**

3. Advise the Visitor a Positive Test has occurred, and a Second test will need to be conducted to confirm the initial positive test.
(NOTE: If the Visitor refuses the Confirmation test they will not be allowed to enter the institution They will be denied visitation and will be treated as if they had a positive confirmation. Complete the Positive Alarm Log, notify the Ops. Lt. and Duty Officer and issue the Notice of Denied Visitation to the visitor.

If the Visitor agrees to a Confirmation test, they MUST remain directly in front of the Testing Station. They are not to leave the area to use the restroom or attend to personal hygiene before the Confirmation Test. If the Visitor fails to comply with these requirements the Operations Lieutenant and IDO will be contacted to determine if the visit will be denied.

4. Remove cotton gloves and replace with new ones. **DO NOT THROW OLD GLOVES AWAY. Put on new gloves.**

5. Press the <Clear> button on the screen to clear the system of contraband from the first Positive Alarm. Wipe the surface area of the testing device (wand) and the detection slot on the desorber with a pre-saturated alcohol swab/wipe. Do not attempt to take another sample until the "No Alarm-Ready" prompt appears on the screen. Annotate cleaning on Positive Alarm Log in Clear Test Section (See Example)
6. Obtain a "New/Clean" sample trap, and **test new cotton gloves.**
   -If the test is Negative record the negative test in the "Clear Test" section on Positive Alarm Log and print and sign the results from this test. Press <Menu>, then <Print>. Proceed to Confirmation Test procedures.
   -If the test is Positive repeat Steps 4, 5 and 6 until a Negative test is obtained.

[redacted]

POSITIVE ALARM PROCEDURES CONTINUED:

7. Conduct Confirmation Test with "New/Clean" sample trap. **SAMPLES SHOULD BE TAKEN FROM THE SAME AREAS PREVIOUSLY TESTED.**

-If the Confirmation tests is positive for the same Drug as the previous test record the test results in the "Confirmation Test" section on Positive Alarm Log, sign and staple the test results to the log, and proceed to step 8. Notify the Operations Lieutenant and IDO. Press the clear button on the Itemiser to begin clearing the system.

-If the Confirmation test is [redacted] Drug contact the Operations Lieutenant and IDO and repeat steps 1 through 7.

-If the Confirmation test is Negative, visitors should be permitted entry unless prohibited for other reasons.

8. Check the Visitor's record in the Visiting Program for prior positive tests, and list any prior positive tests and mark the appropriate suspension period on Page 2 of the Positive Alarm Log in the "Positive Alarm History" section. Attach the Title 18 to the Positive Alarm Log and sign the positive printouts and also attach them to the Positive Alarm log.. **SEE EXAMPLE FORM**

9. Once the Operations Lieutenant and IDO have been notified and determine denial of visit is appropriate, then complete the "Notice of Denied Visitation" (Form BP-S732). **SEE EXAMPLE FORM. <u>The IDO will inform the visitor their visit has been denied and give them the Notice of Denied Visitation.</u>**

NOTE: THIS FORM IS FOR THE VISITOR AND SHOULD NOT BE TURNED INTO THE CAPTAIN'S OFFICE UNLESS THE VISITOR REFUSES TO TAKE THE FORM.

10. Prepare for next test. If Confirmation Test was positive, obtain a new clean set of gloves. Ensure the system has been cleared from the Positive Confirmation Test and states "No Alarm-Ready" on the screen. Wipe the surface area of the testing device (wand) and the detection slot on the desorber with a pre-saturated alcohol swab/wipe. Do not attempt to take another sample until the "No Alarm-Ready" prompt appears on the screen. Test the new gloves and print the test. ***Press <Menu>, then <Print>.*** You are now ready to test the next visitor.

POST TESTING AND SHUTDOWN PROCEDURES:

End of Shift:

1. Check to make sure all "Daily Testing Log" (Form BP-S730) entries have been completed and are accurate.

2. Check to make sure all "Positive Alarm Log" (Form BP-S731) entries have been completed and are accurate and have the required signed receipts attached.

3. Conduct POST-Testing Verification Procedures. **Repeat steps 4 thru 8 on Pre-Test on START UP/PRE-TESTING SET-UP VALIDATION PROCEDURES**. This is your Post-Testing Verification.

4. Note positive test result on "Daily PRE/ POST Operations Log" (Form BP-S729), and staple positive signed test receipt to log as indicated.

Sign and Attach Printouts for the following tests to the Daily Pre/Post Operation Log.
-Post-Test Validation
-Work Area/Gloves Test

Shutdown Procedures:
1) Staple together all paperwork and turn into the Lt's Office.

2) DO NOT POWER DOWN SYSTEM. Unplug system and system will run on battery backup. Immediately take the Itemiser to the SIS Office and plug the system in. The battery backup will only last 30 minutes.

Date Conducted Training: 12/31/2006

Training Conducted by: (b)(7)c

Person Being Trained:

POSITIVE ALARM PROCEDURES CONTINUED:

7. Conduct Confirmation Test with "New/Clean" sample trap. **SAMPLES SHOULD BE TAKEN FROM THE SAME AREAS PREVIOUSLY TESTED.**

-If the Confirmation tests is positive for the same Drug as the previous test record the test results in the "Confirmation Test" section on Positive Alarm Log, sign and staple the test results to the log, and proceed to step 8. Notify the Operations Lieutenant and IDO. Press the clear button on the Itemiser to begin clearing the system.

-If the Confirmation test is [redacted] Drug contact the Operations Lieutenant and IDO and repeat steps 1 through 7.

-If the Confirmation test is Negative, visitors should be permitted entry unless prohibited for other reasons.

8. Check the Visitor's record in the Visiting Program for prior positive tests, and list any prior positive tests and mark the appropriate suspension period on Page 2 of the Positive Alarm Log in the "Positive Alarm History" section. Attach the Title 18 to the Positive Alarm Log and sign the positive printouts and also attach them to the Positive Alarm log.. **SEE EXAMPLE FORM**

9. Once the Operations Lieutenant and IDO have been notified and determine denial of visit is appropriate, then complete the "Notice of Denied Visitation" (Form BP-S732). **SEE EXAMPLE FORM**. **The IDO will inform the visitor their visit has been denied and give them the Notice of Denied Visitation.**

NOTE: THIS FORM IS FOR THE VISITOR AND SHOULD NOT BE TURNED INTO THE CAPTAIN'S OFFICE UNLESS THE VISITOR REFUSES TO TAKE THE FORM.

10. Prepare for next test. If Confirmation Test was positive, obtain a new clean set of gloves. Ensure the system has been cleared from the Positive Confirmation Test and states "No Alarm-Ready" on the screen. Wipe the surface area of the testing device (wand) and the detection slot on the desorber with a pre-saturated alcohol swab/wipe. Do not attempt to take another sample until the "No Alarm-Ready" prompt appears on the screen. Test the new gloves and print the test. ***Press <Menu>, then <Print>.*** You are now ready to test the next visitor.

POSITIVE ALARM PROCEDURES:

If the sample tests positive the "Drugs Detected" prompt will be displayed, and the results of the analysis will be printed on the printer.

1. Remove the sample trap from the detection slot on the desorber and ***Discard it.***

2. Initiate "Positive Alarm Log" (Form BP-S731) and record Positive Alarm #1 results. **See Attached Sample Form.**

3. Advise the Visitor a Positive Test has occurred, and a Second test will need to be conducted to confirm the initial positive test.
(NOTE: If the Visitor refuses the Confirmation test they will not be allowed to enter the institution They will be denied visitation and will be treated as if they had a positive confirmation. Complete the Positive Alarm Log, notify the Ops. Lt. and Duty Officer and issue the Notice of Denied Visitation to the visitor.

If the Visitor agrees to a Confirmation test, they MUST remain directly in front of the Testing Station. They are not to leave the area to use the restroom or attend to personal hygiene before the Confirmation Test. If the Visitor fails to comply with these requirements the Operations Lieutenant and IDO will be contacted to determine if the visit will be denied.

4. Remove cotton gloves and replace with new ones. **DO NOT THROW OLD GLOVES AWAY. Put on new gloves.**

5. Press the <Clear> button on the screen to clear the system of contraband from the first Positive Alarm. Wipe the surface area of the testing device (wand) and the detection slot on the desorber with a pre-saturated alcohol swab/wipe. Do not attempt to take another sample until the "No Alarm-Ready" prompt appears on the screen. Annotate cleaning on Positive Alarm Log in Clear Test Section (See Example)
6. Obtain a "New/Clean" sample trap, and **test new cotton gloves.**
   -If the test is Negative record the negative test in the "Clear Test" section on Positive Alarm Log and print and sign the results from this test. Press <Menu>, then <Print>. Proceed to Confirmation Test procedures.
   -If the test is Positive repeat Steps 4, 5 and 6 until a Negative test is obtained.

[redacted]

START UP/PRE-TESTING SET-UP VALIDATION PROCEDURES

1. Wash hands with soap and water.

2. **Clean the Itemiser and area around the Itemiser with a pre-saturated alcohol wipe/swab.** (Annotate on Daily Pre/Post Operation Log)

3. Log on to system using the password 1 2 3 4.

4. Press <Menu>, then <Auto Calibrate>. The unit will display **"Insert Calibration Trap"** in Select Scan View. At this point the Itemiser is ready to accept the calibration trap.

5. Put on clean cotton gloves and remove a calibration trap from the container. The calibration trap will have a "C" on it. Place the calibration trap into the detection slot on the desorber. It will analyze the sample.

6. Drugs Detected should appear on the screen. Remove the calibration trap from the detection slot on the desorber when instructed. Use the trap only once and discard it. A screen will appear. Press O.K. The Calibration test will print. Sign printed sheet and annotate on Daily Pre/Post Operation Log. (See Example).

7. Once the system is calibrated, press the <Clear> button on the screen to clear the system of contraband from the calibration procedure. Do not attempt to take another sample until the "No Alarm-Ready" prompt appears on the screen. The itemiser is now ready to analyze samples.

8. **Test the work area and gloves you are using.** Put on a new pair of gloves and Obtain wand and "Sample Trap". Handle trap by wide end only. Press button on back of hand wand and insert tip of trap into tip of wand. Release button and push wide area of trap down until tab goes through the hole in trap. Test the Work Area and your gloves. Perform sampling procedures, remove trap from the wand. Immediately insert trap into detection slot on the desorber. The Itemiser will analyze the sample. When prompted remove Sample Trap. (Annotate on Daily Pre/Post Operation Log). Print the results from this test. Press <Menu>, then <Print>. Sign and attach the test results to the Daily Pre/Post Operation Log.

Sign and Attach Printouts for the following tests to the Daily Pre/Post Operation Log.
-Pre-Test Validation
-Work Area/Gloves Test

SAMPLE COLLECTION AND ANALYSIS:

****DO NOT CONDUCT ANY TESTING ON STAFF****

1. Enter Visitors information on the "Daily Testing Log"(Form BP-S730). **See Sample Form. (NOTE: First and Last name of the visitor is required)**

2. Obtain and put on clean Cotton Gloves.

3. Obtain wand and "Sample Trap". Handle trap by wide end only. Press button on back of hand wand and insert tip of trap into tip of wand. Release button and push wide area of trap down until tab goes through the hole in trap. Sample Traps can be used until a positive test is obtained or the sample trap is excessively dirty or worn.

4. Collect sample. (Samples are collected by wiping surfaces (ex: hands, tops of the front pants pocket, waist area, pant's cuff or shoe area and personal identification.)

5. Remove trap from the wand. Immediately insert trap into the detection slot on the Desorber. The Itemiser will analyze the sample. When prompted remove Sample Trap. Annotate results on "Daily Testing Log"(Form BP-S730).

> - *If no drugs are found, the **No Alarm-Ready** indicator will be displayed.* Negative Results will not be printed. Continue processing visitor. You are now ready to test the next visitor.

If the sample tests positive the "Drugs Detected" prompt will be displayed. The substances detected are displayed on the lower portion of the screen with a red bar.

If this occurs conduct the POSITIVE ALARM procedures. SEE POSITIVE ALARM PROCEDURES.

BP-S729.051 **ION SPECTROMETRY DEVICE DAILY PRE/POST OPERATION LOG** CDFRM
FEB 05

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

Serial No. **20669**	Date **02-15-2005**	Random No.(s) **Every 3rd Visitor**
Operator Name/Signature	(b)(7)c	

Pre-Testing Set-Up/Validation

Function	Result	Initials
Clean Unit/Area	**Area Cleaned and Itemiser Cleaned**	(b)(7)c
Pre-Test Validation Calibration	**Pre Calibration check completed.**	
Work Area Test/Gloves	**Work Area and Gloves Test Completed With Negative Results**	

Post-Testing Validation

Alarm Printout No.	Result	Initials
Calibration	**Post Calibration Check Completed. Work Area and Gloves Test Completed with Negative Results.**	(b)(7)c

Staple Signed Printouts Here:

- Pre-Testing Validation;
- Work Area Test; and
- Post-Testing Validation

(This form may be replicated via WP)

Sensitive - Limited Official Use only when completed

BP-S730.051 **ION SPECTROMETRY DEVICE DAILY TESTING LOG** CDFRM
FEB 05

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

Serial No. **20669**	Date **02-15-2005**	Random No.(s) **Every 3rd Visitor**
Operator Name/Signature (b)(7)c		

NOTE: Positive Alarms Must ALSO Be Logged On "POSITIVE ALARM LOG"

Time	Visitor Name	Inmate Name	Reg. No.	Result	Initials
8:00 AM	(b)(7)c			Negative	(b)(7)c
8:12 AM				Negative	
8:23 AM				Positive	
		EXAMPLE			
		EXAMPLE			
		EXAMPLE			
		EXAMPLE			

(This form may be replicated via WP)

Sensitive - Limited Official Use only when completed

BP-S731.051 **ION SPECTROMETRY DEVICE POSITIVE ALARM LOG** CDFRM
FEB 05

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

Serial No. **20669**	Date **03-01-2005**
Operator Name/Signature (b)(7)c	
Visitor Name: (b)(6)	

Positive Alarm #1

Time	Alarm Printout No.	Result (include drug type	Initials
8:23 AM	**File Name: ALM0004**	**Positive / Cocaine**	(b)(7)c

Clear Test

Time	Result	Initials
8:25 AM	**Testing Device (Wand) and Detection Slot on Desorber cleaned with pre-saturated alcohol swab/wipe.**	(b)(7)c
8:28 AM	**New Cotton Cloves tested with Negative Results.**	

Confirmation Test

Time	Alarm Printout No.	Result (include drug type)	Initials
8:30 AM	**File Name: ALM0005**	**Positive / Cocaine**	(b)(7)c

Staple Signed Printouts Here:

- Positive Test #1;
- Clear Test; and
- Confirmation Test.

(This form may be replicated via WP)

Sensitive - Limited Official Use only when completed

Positive Alarm History

Positive Alarm History		
No.	Date	Disposition
1	12-26-2004	**First Time Positive Visits Suspended 48 Hours**
2	02-15-2005	**Second Time Positive Visits Suspended 30 Days**

If denied visitation, this visitor was informed he/she could return fo the institution for visitation as follows:

( ) After 48 hours on a scheduled visiting day;

(XX) This person is suspended from visiting for 30 days;

( ) This person is suspended from visiting for 90 days;

( ) This person is suspended from visiting for 180 days;

(Attach Visitor's Completed "Notification to Visitor" Form)

Misc. Notes: **Second Positive. Visits Suspended for 30 Days.**

BP-S732.051 **NOTICE OF DENIED VISITATION** CDFRM
FEB 05

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

To: Visitor's Name (b)(6)	
Re: Inmate's Name (b)(6)	Reg. No. (b)(6)

Through the use of an ion spectrometry device, you produced a confirmed positive test result for the presence of an illegal substance(s). Because the presence of illegal substances in a correctional setting seriously jeopardizes the mission of the Bureau of Prisons, your ability to enter this facility for inmate visiting is suspended as indicated below.

_____ First Occurrence - Visiting suspended for 48 hours.

XXXX Second Occurrence - Visiting suspended for 30 days.

_____ Third Occurrence - Visiting suspended for 90 days.

_____ Fourth and Subsequent Occurrences - Visiting suspended for 180 days.

You may appeal this decision in writing to the Warden. Written appeals should indicate the visitor's name, address, and purpose for visiting, including the inmate's name and register number, if applicable. Written appeals should also indicate the location, date, and time of testing positive. Visitors appealing the denial of visitation may include a physician's verification indicating a prescribed substance(s), in an effort to explain confirmed positive test results.

Date Issued **03-01-2005**	
Issuing Officer's Signature	Date **03-01-2005**
Issuing Officer's Printed Name (b)(7)c	

(This form may be replicated via WP)

Sensitive - Limited Official Use only when completed

POST TESTING AND SHUTDOWN PROCEDURES:

End of Shift:

1. Check to make sure all "Daily Testing Log" (Form BP-S730) entries have been completed and are accurate.

2. Check to make sure all "Positive Alarm Log" (Form BP-S731) entries have been completed and are accurate and have the required receipts attached.

3. Conduct POST-Testing Verification Procedures. **(Refer to Verification Procedures Instruction List and conduct steps 2, 3, and 4.)**

4. Note positive test result on "Daily PRE/ POST Operations Log" (Form BP-S729), and staple positive test receipt to log as indicated.

5. Turn in all Logs and test receipts into the Captain's Office.

Shutdown Procedures:

1. Place the IonScan in **STANDBY** mode by pressing the **READY/STANDBY** button twice in quick succession.

2. Turn power switch **ON THE BACK OF THE IONSCAN** to the OFF position. **DO NOT SHUT POWER BY PULLING THE PLUG OUT, OR BY SWITCHING OFF THE POWER STRIP.**

3. Return the IonScan to the SIS Office.

Date Conducted Training: 9/26/05

Training Conducted by: (b)(7)c

Person Being Trained:

START UP PROCEDURES

1. Wash hands with soap and water.

2. Clean area around IonScan to remove any contaminates.

3. Check the Air Purification Cartridge located at the back of the system. ***(The Drierite material that dries the air is blue when dry, and turns as it becomes wet. If the Drierite is pink down to 1/4 of an inch above the white foam the entire tube must be replaced. Contact the SIS Office for a replacement cartridge.)***

4. Check the Condenser Cartridge in the window located on the top of the system. ***(If the cartridge is a dark brown color contact the SIS Office for a replacement cartridge.)***

5. Remove the front cover and clean around the slide tray assembly. Then replace front cover. ***(Alcohol swabs should be used to clean this area.)***

6. Remove the Plastic O-Ring from the slide tray and clean. ***(Alcohol swabs should be used to clean this area.)***

7. Turn the IonScan on. ***(The power switch is located on the back of the system. The system will conduct a series of internal tests, and will stay in the Standby mode with a yellow bar across the screen.)*** *(WAIT 5 MINUTES AFTER STARTING BEFORE TURNING THE PRINTER ON)*

8. Wait for screen display of come on, and the Press the **READY/STANDBY** Button. ***(This will put the system into the Ready Mode.)***

9. Turn printer on, and wait for system to switch into READY MODE.

10. Initiate **"DAILY PRE/POST OPERATIONS LOG" (Form BP-S729)**, and **"DAILY TESTING LOG" (Form BP-S730)**. Complete entries as appropriate. **See Attached Sample Forms.**

11. Obtain and put on clean Cotton Gloves.

12. Conduct Verification / Pre-Testing Procedures.

VERIFICATION / PRE-TESTING PROCEDURES:

1. Conduct Flow Verification and Blank Analysis.

-Close the tray lid and slide it to the right. This clears the system of any contamination from previous use and the system carries out internal flow calibrations. ***The very first analysis run may display the Pressure Fault warning message on the LED screen. This indicates that the system carried out the Flow calibration and required a large adjustment. Press the ENTER button to clear and repeat the Blank analysis. This message should disappear after 3 blank runs. If it does not contact the SIS Office for assistance.)***

2. Conduct Verification Standard Analysis.

A: Place a clean swab in the slide tray and slide the tray to the right to be analyzed.

B: After analysis is complete remove the swab and place a small amount of the Verific stick on the center of the swab and then analyze again.

- If the IonScan alarms on for the Verific run blank analysis tests until 2 consecutive Pass results are obtained.

-If the IonScan does not Alarm apply a little larger amount of the Verific Stick for analysis. If it still fails to alarm wait for another 10 minutes and repeat as the system may still be warming up. If repeated verifications after the warming up period still result in failure to alarm contact the SIS Office for assistance.

C. After the Verification Standard Analysis is complete and Two (2) consecutive PASS results have been obtained the system is now ready for operation.

3. Record the results on the "Daily PRE/POST OPERATIONS Log" and staple the printed receipt to the log as indicated. **See Sample Form.**

4. Test Area Around IonScan for Contamination and test the gloves you are wearing, and record the results on the "Daily PRE/POST OPERATIONS Log" and staple the printed receipt to the log as indicated. **See Sample Form.**

SAMPLE COLLECTION AND ANALYSIS:

****DO NOT CONDUCT ANY TESTING ON STAFF****

1. Obtain and put on clean Cotton Gloves.

2. Take a clean swab from the sterile container using the tweezers. ***Avoid touching the clean swabs with fingers when possible. Do not touch the center of the swabs as this can lead to contamination.***

3. Place clean swab in the swab sampler (plastic wand). ***Swabs should be reused up to 5 times, unless they are contaminated, excessively dirty, wet or a positive test result is received.***

3. Enter Visitors information on the "Daily Testing Log"(Form BP-S730). **See Sample Form. (NOTE: First and Last name of the visitor is required)**

4. Collect sample. (Samples are collected by wiping surfaces (ex: hands, tops of the front pants pocket, waist area, pant's cuff or shoe area and personal identification.)

5. Insert sample into the IonScan. (Place the sample swab with **"dirty" side up** onto the slide tray and close the lid. Slide the tray all the way to the right to start the analysis. ***The Analysis process will start automatically.***)

> *- If no drugs are found, the **yellow PASS** indicator will be displayed on the LED screen, prompting the user to remove the slide. If this occurs remove the swab from the IonScan and record the Negative test result on the Daily Testing Log (Form BP-S730).*

If the sample tests positive the Red ALARM indicator will be displayed.

If this occurs conduct the POSITIVE ALARM procedures. SEE POSITIVE ALARM INSTRUCTIONS

POSITIVE ALARM PROCEDURES:

If the sample tests positive the Red ALARM indicator will be displayed, and the results of the analysis will be printed on the printer.

1. Press the **ALARM RESET** button.

2. Remove the sample swab from the slide tray and ***Discard it.***

3. Contact the Operations Lieutenant and Institution Duty Officer and advise them of the positive test.

4. Advise the Visitor a Positive Test has occurred, and a Second test will need to be conducted to confirm the initial positive test.
(NOTE: If the Visitor refuses the Confirmation test they will not be allowed to enter the institution.

If the Visitor agrees to a Confirmation test, they MUST remain directly in front of the Testing Station. They are not to leave the area to use the restroom or attend to personal hygiene before the Confirmation Test. If the Visitor fails to comply with these requirements the Operations Lieutenant and IDO will be contacted to determine if the visit will be denied.

5. Initiate "Positive Alarm Log" (Form BP-S731) and record Positive Alarm #1 results. **See Attached Sample Form.**

6. Remove cotton gloves and replace with new ones. **DO NOT THROW OLD GLOVES AWAY. Put on new gloves.**

7. Clean the Slide tray with an Alcohol wipe, and run Two (2) Blank Tests (No swab is needed).

8. Conduct "Clear" test. Obtain a "New/Clean" sample swab, and test new cotton gloves using Sample test procedures.

> ***-If the test is Negative record the negative test in the "Clear Test" section on Positive Alarm Log and proceed to Confirmation Test procedures.***

POSITIVE ALARM PROCEDURES CONTINUED:

-If the test is Positive repeat Steps 5, 6 and 7 until a Negative test is obtained.

If a Negative Test can NOT be obtained after 3 tests contact the Operations Lieutenant, IDO, and SIS Office to determine if testing will be halted.

9. Conduct Confirmation Test with "New/Clean" sample swab. **SAMPLES SHOULD BE TAKEN FROM THE SAME AREAS PREVIOUSLY TESTED.**

-If the Confirmation tests is positive for the same Drug as the previous test record the test results in the "Confirmation Test" section on Positive Alarm Log, staple the test results to the log, and proceed to step 10. Notify the Operations Lieutenant and IDO.

-If the Confirmation test is positive for a different Drug contact the Operations Lieutenant and IDO and repeat steps 1 through 9.

-If the Confirmation test is Negative, visitors should be permitted entry unless prohibited for other reasons.

10. Check the Visitor's record in the Visiting Program for prior positive tests, and list any prior positive tests and mark the appropriate suspension period on Page 2 of the Positive Alarm Log in the "Positive Alarm History" section. Attach the Title 18 to the Positive Alarm Log. **SEE EXAMPLE FORM**

11. Once the Operations Lieutenant and IDO have been notified and determine denial of visit is appropriate, then complete the "Notice of Denied Visitation" (Form BP-S732). **SEE EXAMPLE FORM.**

12. Issue "Notice of Denied Visitation" to the Visitor, and advise them their visit has been denied due to testing positive for the presence of an illegal substance. **NOTE: THIS FORM IS FOR THE VISITOR AND SHOULD NOT BE TURNED INTO THE CAPTAIN'S OFFICE UNLESS THE VISITOR REFUSES TO TAKE THE FORM.**

13. Prepare for next test by cleaning slide tray, and running Two (2) blank sample tests. After two "pass" results are received, the IonScan is ready for the next test.

POST TESTING AND SHUTDOWN PROCEDURES:

End of Shift:

1. Check to make sure all "Daily Testing Log" (Form BP-S730) entries have been completed and are accurate.

2. Check to make sure all "Positive Alarm Log" (Form BP-S731) entries have been completed and are accurate and have the required signed receipts attached.

3. Conduct POST-Testing Verification Procedures. **Repeat steps 4 thru 8 on Pre-Test on START UP/PRE-TESTING SET-UP VALIDATION PROCEDURES**. This is your Post-Testing Verification.

4. Note positive test result on "Daily PRE/ POST Operations Log" (Form BP-S729), and staple positive signed test receipt to log as indicated.

[illegible] to the Daily Pre/Post Operation Log. **

Shutdown Procedures:

1) Staple together all paperwork and turn into the Lt's Office.

[illegible] SYSTEM. Unplug system and system will run on [illegible] from the SIS Office and plug [illegible] will run [illegible] minutes.

Date Conducted Training: 12-16-05

Training Conducted by: (b)(7)c

Person Being Trained:

START UP/PRE-TESTING SET-UP VALIDATION PROCEDURES

(b)(7)c

1. Wash hands with soap and water. Training 12/16/05

2. **Clean the Itemiser and area around the Itemiser with a pre-saturated alcohol wipe/swab.** (Annotate on Daily Pre/Post Operation Log)

3. Log on to system using the password 1 2 3 4.

4. Press <Menu>, then <Auto Calibrate>. The unit will display **"Insert Calibration Trap"** in Select Scan View. At this point the Itemiser is ready to accept the calibration trap.

5. Put on clean cotton gloves and remove a calibration trap from the container. The calibration trap will have a "C" on it. Place the calibration trap into the detection slot on the desorber. It will analyze the sample.

6. Drugs Detected should appear on the screen. Remove the calibration trap from the detection slot on the desorber when instructed. Use the trap only once and discard it. A screen will appear. Press O.K. The Calibration test will print. Sign printed sheet and annotate on Daily Pre/Post Operation Log. (See Example).

7. Once the system is calibrated, press the <Clear> button on the screen to clear the system of contraband from the calibration procedure. Do not attempt to take another sample until the "No Alarm-Ready" prompt appears on the screen. The itemiser is now ready to analyze samples.

8. **Test the work area and gloves you are using.** Put on a new pair of gloves and Obtain wand and "Sample Trap". Handle trap by wide end only. Press button on back of hand wand and insert tip of trap into tip of wand. Release button and push wide area of trap down until tab goes through the hole in trap. Test the Work Area and your gloves. Perform sampling procedures, remove trap from the wand. Immediately insert trap into detection slot on the desorber. The Itemiser will analyze the sample. When prompted remove Sample Trap. (Annotate on Daily Pre/Post Operation Log). Print the results from this test. Press <Menu>, then <Print>. Sign and attach the test results to the Daily Pre/Post Operation Log.

POSITIVE ALARM PROCEDURES:

If the sample tests positive the prompt will be displayed, and the results of the analysis will be printed on the printer.

1. Remove the sample trap from the detection slot on the desorber and ***Discard it.***

2. Initiate "Positive Alarm Log" (Form BP-S731) and record Positive Alarm #1 results. **See Attached Sample Form.**

3. Advise the Visitor a Positive Test has occurred, and a Second test will need to be conducted to confirm the initial positive test.
(NOTE: If the Visitor refuses the Confirmation test they will not be allowed to enter the institution They will be denied visitation and will be treated as if they had a positive confirmation. Complete the Positive Alarm Log, notify the Ops. Lt. and Duty Officer and issue the Notice of Denied Visitation to the visitor.

If the Visitor agrees to a Confirmation test, they MUST remain directly in front of the Testing Station. They are not to leave the area to use the restroom or attend to personal hygiene before the Confirmation Test. If the Visitor fails to comply with these requirements the Operations Lieutenant and IDO will be contacted to determine if the visit will be denied.

4. Remove cotton gloves and replace with new ones. **DO NOT THROW OLD GLOVES AWAY. Put on new gloves.**

5. Press the <Clear> button on the screen to clear the system of contraband from the first Positive Alarm. Wipe the surface area of the testing device (wand) and the detection slot on the desorber with a pre-saturated alcohol swab/wipe. Do not attempt to take another sample until the "No Alarm-Ready" prompt appears on the screen. Annotate cleaning on Positive Alarm Log in Clear Test Section (See Example)

6. Obtain a "New/Clean" sample trap, and **test new cotton gloves.**

-If the test is Negative record the negative test in the "Clear Test" section on Positive Alarm Log and print and sign the results from this test. Press <Menu>, then <Print>. Proceed to Confirmation Test procedures.

-If the test is Positive repeat Steps 4, 5 and 6 until a Negative test is obtained.

If a Negative Test can NOT be obtained after 3 tests contact the Operations Lieutenant, IDO, and SIS Office to determine if testing will be halted.

POSITIVE ALARM PROCEDURES CONTINUED:

7. Conduct Confirmation Test with "New/Clean" sample trap. **SAMPLES SHOULD BE TAKEN FROM THE SAME AREAS PREVIOUSLY TESTED.**

-If the Confirmation tests is positive for the same Drug as the previous test record the test results in the "Confirmation Test" section on Positive Alarm Log, sign and staple the test results to the log, and proceed to step 8. Notify the Operations Lieutenant and IDO. Press the clear button on the Itemiser to begin clearing the system.

-If the Confirmation test is positive for a different Drug contact the Operations Lieutenant and IDO and repeat steps 1 through 7.

-If the Confirmation test is Negative, visitors should be permitted entry unless prohibited for other reasons.

8. Check the Visitor's record in the Visiting Program for prior positive tests, and list any prior positive tests and mark the appropriate suspension period on Page 2 of the Positive Alarm Log in the "Positive Alarm History" section. Attach the Title 18 to the Positive Alarm Log and sign the positive printouts and also attach them to the Positive Alarm log.. **SEE EXAMPLE FORM**

9. Once the Operations Lieutenant and IDO have been notified and determine denial of visit is appropriate, then complete the "Notice of Denied Visitation" (Form BP-S732). **SEE EXAMPLE FORM. <u>The IDO will inform the visitor their visit has been denied and give them the Notice of Denied Visitation.</u>**

NOTE: THIS FORM IS FOR THE VISITOR AND SHOULD NOT BE TURNED INTO THE CAPTAIN'S OFFICE UNLESS THE VISITOR REFUSES TO TAKE THE FORM.

10. Prepare for next test. If Confirmation Test was positive, obtain a new clean set of gloves. Ensure the system has been cleared from the Positive Confirmation Test and states "No Alarm-Ready" on the screen. Wipe the surface area of the testing device (wand) and the detection slot on the desorber with a pre-saturated alcohol swab/wipe. Do not attempt to take another sample until the "No Alarm-Ready" prompt appears on the screen. Test the new gloves and print the test. ***Press <Menu>, then <Print>.*** You are now ready to test the next visitor.

POST TESTING AND SHUTDOWN PROCEDURES:

End of Shift:

1. Check to make sure all "Daily Testing Log" (Form BP-S730) entries have been completed and are accurate.

2. Check to make sure all "Positive Alarm Log" (Form BP-S731) entries have been completed and are accurate and have the required signed receipts attached.

3. Conduct POST-Testing Verification Procedures. **Repeat steps 4 thru 8 on Pre-Test on START UP/PRE-TESTING SET-UP VALIDATION PROCEDURES**. This is your Post-Testing Verification.

4. Note positive test result on "Daily PRE/ POST Operations Log" (Form BP-S729), and staple positive signed test receipt to log as indicated.

[illegible] the below [illegible] the Daily Pre/Post Operation Log[illegible]

Shutdown Procedures:

1) Staple together all paperwork and turn into the Lt's Office.

DO NOT [illegible] SYSTEM. Unplug system and system will run on [illegible] take the Intensifier to the SIS Office and plug the [illegible] will only last 30 minutes.

Date Conducted Training: 03/04/06

Training Conducted by (b)(7)c

Person Being Trained:

POST TESTING AND SHUTDOWN PROCEDURES:

End of Shift:

1. Check to make sure all "Daily Testing Log" (Form BP-S730) entries have been completed and are accurate.

2. Check to make sure all "Positive Alarm Log" (Form BP-S731) entries have been completed and are accurate and have the required signed receipts attached.

3. Conduct POST-Testing Verification Procedures. **Repeat steps 4 thru 8 on Pre-Test on START UP/PRE-TESTING SET-UP VALIDATION PROCEDURES**. This is your Post-Testing Verification.

4. Note positive test result on "Daily PRE/ POST Operations Log" (Form BP-S729), and staple positive signed test receipt to log as indicated.

Shutdown Procedures:

1) Staple together all paperwork and turn into the Lt's Office.

Date Conducted Training: 3-23-06

Training Conducted by: (b)(7)c

Person Being Trained:

POST TESTING AND SHUTDOWN PROCEDURES:

.d of Shift:

1. Check to make sure all "Daily Testing Log" (Form BP-S730) entries have been completed and are accurate.

2. Check to make sure all "Positive Alarm Log" (Form BP-S731) entries have been completed and are accurate and have the required signed receipts attached.

3. Conduct POST-Testing Verification Procedures. **Repeat steps 4 thru 8 on Pre-Test on START UP/PRE-TESTING SET-UP VALIDATION PROCEDURES**. This is your Post-Testing Verification.

4. Note positive test result on "Daily PRE/ POST Operations Log" (Form BP-S729), and staple positive signed test receipt to log as indicated.

Sign and Attach Printouts for the following tests to the Daily Pre/Post Operation Log.
-Post-Test Validation
-Work Area/Gloves Test

Shutdown Procedures:
1) Staple together all paperwork and turn into the Lt's Office.

2) DO NOT POWER DOWN SYSTEM. Unplug system and system will run on battery backup. Immediately take the Itemiser to the SIS Office and plug the system in. The battery backup will only last 30 minutes.

Date Conducted Training: 03/23/06

Training Conducted by (b)(7)c

Person Being Trained:

START UP/PRE-TESTING SET-UP VALIDATION PROCEDURES

1. Wash hands with soap and water.

(b)(7)c

2. **Clean the Itemiser and area around the Itemiser with a pre-saturated alcohol wipe/swab.** (Annotate on Daily Pre/Post Operation Log)

3. Log on to system using the password 1 2 3 4.

4. Press <Menu>, then <Auto Calibrate>. The unit will display **"Insert Calibration Trap"** in Select Scan View. At this point the Itemiser is ready to accept the calibration trap.

5. Put on clean cotton gloves and remove a calibration trap from the container. The calibration trap will have a "C" on it. Place the calibration trap into the detection slot on the desorber. It will analyze the sample.

6. Drugs Detected should appear on the screen. Remove the calibration trap from the detection slot on the desorber when instructed. Use the trap only once and discard it. A screen will appear. Press O.K. The Calibration test will print. Sign printed sheet and annotate on Daily Pre/Post Operation Log. (See Example).

7. Once the system is calibrated, press the <Clear> button on the screen to clear the system of contraband from the calibration procedure. Do not attempt to take another sample until the "No Alarm-Ready" prompt appears on the screen. The itemiser is now ready to analyze samples.

8. **Test the work area and gloves you are using.** Put on a new pair of gloves and Obtain wand and "Sample Trap". Handle trap by wide end only. Press button on back of hand wand and insert tip of trap into tip of wand. Release button and push wide area of trap down until tab goes through the hole in trap. Test the Work Area and your gloves. Perform sampling procedures, remove trap from the wand. Immediately insert trap into detection slot on the desorber. The Itemiser will analyze the sample. When prompted remove Sample Trap. (Annotate on Daily Pre/Post Operation Log). Print the results from this test. Press <Menu>, then <Print>. Sign and attach the test results to the Daily Pre/Post Operation Log.

Sign and Attach Printouts for the following tests to the Daily Pre/Post Operation Log.
-Pre-Test Validation
-Work Area/Gloves Test

POSITIVE ALARM PROCEDURES:

If the sample tests positive the "Drugs Detected" prompt will be displayed, and the results of the analysis will be printed on the printer.

1. Remove the sample trap from the detection slot on the desorber and ***Discard it.***

2. Initiate "Positive Alarm Log" (Form BP-S731) and record Positive Alarm #1 results. **See Attached Sample Form.**

3. Advise the Visitor a Positive Test has occurred, and a Second test will need to be conducted to confirm the initial positive test.
(NOTE: If the Visitor refuses the Confirmation test they will not be allowed to enter the institution They will be denied visitation and will be treated as if they had a positive confirmation. Complete the Positive Alarm Log, notify the Ops. Lt. and Duty Officer and issue the Notice of Denied Visitation to the visitor.

If the Visitor agrees to a Confirmation test, they MUST remain directly in front of the Testing Station. They are not to leave the area to use the restroom or attend to personal hygiene before the Confirmation Test. If the Visitor fails to comply with these requirements the Operations Lieutenant and IDO will be contacted to determine if the visit will be denied.

4. Remove cotton gloves and replace with new ones. **DO NOT THROW OLD GLOVES AWAY. Put on new gloves.**

5. Press the <Clear> button on the screen to clear the system of contraband from the first Positive Alarm. Wipe the surface area of the testing device (wand) and the detection slot on the desorber with a pre-saturated alcohol swab/wipe. Do not attempt to take another sample until the "No Alarm-Ready" prompt appears on the screen. Annotate cleaning on Positive Alarm Log in Clear Test Section (See Example)
6. Obtain a "New/Clean" sample trap, and **test new cotton gloves.**
   -If the test is Negative record the negative test in the "Clear Test" section on Positive Alarm Log and print and sign the results from this test. Press <Menu>, then <Print>. Proceed to Confirmation Test procedures.
   -If the test is Positive repeat Steps 4, 5 and 6 until a Negative test is obtained.

[redacted]

POSITIVE ALARM PROCEDURES CONTINUED:

7. Conduct Confirmation Test with "New/Clean" sample trap. **SAMPLES SHOULD BE TAKEN FROM THE SAME AREAS PREVIOUSLY TESTED.**

-If the Confirmation tests is positive for the same Drug as the previous test record the test results in the "Confirmation Test" section on Positive Alarm Log, sign and staple the test results to the log, and proceed to step 8. Notify the Operations Lieutenant and IDO. Press the clear button on the Itemiser to begin clearing the system.

-If the Confirmation test is positive for a different Drug contact the Operations Lieutenant and IDO and repeat steps 1 through 7.

-If the Confirmation test is Negative, visitors should be permitted entry unless prohibited for other reasons.

8. Check the Visitor's record in the Visiting Program for prior positive tests, and list any prior positive tests and mark the appropriate suspension period on Page 2 of the Positive Alarm Log in the "Positive Alarm History" section. Attach the Title 18 to the Positive Alarm Log and sign the positive printouts and also attach them to the Positive Alarm log.. **SEE EXAMPLE FORM**

9. Once the Operations Lieutenant and IDO have been notified and determine denial of visit is appropriate, then complete the "Notice of Denied Visitation" (Form BP-S732). **SEE EXAMPLE FORM**. **The IDO will inform the visitor their visit has been denied and give them the Notice of Denied Visitation.**

NOTE: THIS FORM IS FOR THE VISITOR AND SHOULD NOT BE TURNED INTO THE CAPTAIN'S OFFICE UNLESS THE VISITOR REFUSES TO TAKE THE FORM.

10. Prepare for next test. If Confirmation Test was positive, obtain a new clean set of gloves. Ensure the system has been cleared from the Positive Confirmation Test and states "No Alarm-Ready" on the screen. Wipe the surface area of the testing device (wand) and the detection slot on the desorber with a pre-saturated alcohol swab/wipe. Do not attempt to take another sample until the "No Alarm-Ready" prompt appears on the screen. Test the new gloves and print the test. ***Press <Menu>, then <Print>.*** You are now ready to test the next visitor.

POST TESTING AND SHUTDOWN PROCEDURES:

End of Shift:

1. Check to make sure all "Daily Testing Log" (Form BP-S730) entries have been completed and are accurate.

2. Check to make sure all "Positive Alarm Log" (Form BP-S731) entries have been completed and are accurate and have the required signed receipts attached.

3. Conduct POST-Testing Verification Procedures. **Repeat steps 4 thru 8 on Pre-Test on START UP/PRE-TESTING SET-UP VALIDATION PROCEDURES**. This is your Post-Testing Verification.

4. Note positive test result on "Daily PRE/ POST Operations Log" (Form BP-S729), and staple positive signed test receipt to log as indicated.

[illegible] the following tests to the Daily Pre/Post Operation Log.***
[illegible]

Shutdown Procedures:

1) Staple together all paperwork and turn into the Lt's Office.

[illegible]. Unplug system and system will run on [illegible] the Remiser to the SIS Office and plug the [illegible] last 30 minutes.

Date Conducted Training: 17 DEC. 05

Training Conducted by: (b)(7)c

Person Being Trained:

POST TEST NG AND SHUTDOWN PR CEDURES:

End of Shift:

1. Check to make sure all "Daily Testing Log" (Form BP-S730) entries have been completed and are accurate.

2. Check to make sure all "Positive Alarm Log" (Form BP-S731) entries have been completed and are accurate and have the required signed receipts attached.

3. Conduct POST-Testing Verification Procedures. **Repeat steps 4 thru 8 on Pre-Test on START UP/PRE-TESTING SET-UP VALIDATION PROCEDURES**. This is your Post-Testing Verification.

4. Note positive test result on "Daily PRE/ POST Operations Log" (Form BP-S729), and staple positive signed test receipt to log as indicated.

Sign and Attach Printouts for the following tests to the Daily Pre/Post Operation Log.
-Post-Test Validation
-Work Area/Gloves Test

Shutdown Procedures:
1) Staple together all paperwork and turn into the Lt's Office.

2) DO NOT POWER DOWN SYSTEM. Unplug system and system will run on battery backup. Immediately take the Itemiser to the SIS Office and plug the system in. The battery backup will only last 30 minutes.

Date Conducted Training: 6 k 08

Training Conducted by: (b)(7)c

Person Being Trained:

START UP/PRE-TE[illegible]ING SET-UP VALIDA[illegible]ON PROCEDURES

1. Wash hands with soap and water.

2. **Clean the Itemiser and area around the Itemiser with a pre-saturated alcohol wipe/swab.** (Annotate on Daily Pre/Post Operation Log)

3. Log on to system using the password 1 2 3 4.

4. Press <Menu>, then <Auto Calibrate>. The unit will display **"Insert Calibration Trap"** in Select Scan View. At this point the Itemiser is ready to accept the calibration trap.

5. Put on clean cotton gloves and remove a calibration trap from the container. The calibration trap will have a "C" on it. Place the calibration trap into the detection slot on the desorber. It will analyze the sample.

6. Drugs Detected should appear on the screen. Remove the calibration trap from the detection slot on the desorber when instructed. Use the trap only once and discard it. A screen will appear. Press O.K. The Calibration test will print. Sign printed sheet and annotate on Daily Pre/Post Operation Log. (See Example).

7. Once the system is calibrated, press the <Clear> button on the screen to clear the system of contraband from the calibration procedure. Do not attempt to take another sample until the "No Alarm-Ready" prompt appears on the screen. The itemiser is now ready to analyze samples.

8. **Test the work area and gloves you are using.** Put on a new pair of gloves and Obtain wand and "Sample Trap". Handle trap by wide end only. Press button on back of hand wand and insert tip of trap into tip of wand. Release button and push wide area of trap down until tab goes through the hole in trap. Test the Work Area and your gloves. Perform sampling procedures, remove trap from the wand. Immediately insert trap into detection slot on the desorber. The Itemiser will analyze the sample. When prompted remove Sample Trap. (Annotate on Daily Pre/Post Operation Log). Print the results from this test. Press <Menu>, then <Print>. Sign and attach the test results to the Daily Pre/Post Operation Log.

Sign and Attach Printouts for the following tests to the Daily Pre/Post Operation Log.
-Pre-Test Validation
-Work Area/Gloves Test

SAMPLE COLLECTION AND ANALYSIS:

****DO NOT CONDUCT ANY TESTING ON STAFF****

1. Enter Visitors information on the "Daily Testing Log"(Form BP-S730). **See Sample Form. (NOTE: First and Last name of the visitor is required)**

2. Obtain and put on clean Cotton Gloves.

3. Obtain wand and "Sample Trap". Handle trap by wide end only. Press button on back of hand wand and insert tip of trap into tip of wand. Release button and push wide area of trap down until tab goes through the hole in trap. Sample Traps can be used until a positive test is obtained or the sample trap is excessively dirty or worn.

4. Collect sample. (Samples are collected by wiping surfaces (ex: hands, tops of the front pants pocket, waist area, pant's cuff or shoe area and personal identification.)

5. Remove trap from the wand. Immediately insert trap into the detection slot on the Desorber. The Itemiser will analyze the sample. When prompted remove Sample Trap. Annotate results on "Daily Testing Log"(Form BP-S730).

> - *If no drugs are found, the **No Alarm-Ready** indicator will be displayed.* Negative Results will not be printed. Continue processing visitor. You are now ready to test the next visitor.

If the sample tests positive the "Drugs Detected" prompt will be displayed. The substances detected are displayed on the lower portion of the screen with a red bar.

If this occurs conduct the POSITIVE ALARM procedures. SEE POSITIVE ALARM PROCEDURES.

POSITIVE ALARM PROCEDURES:

If the sample tests positive the "Drugs Detected" prompt will be displayed, and the results of the analysis will be printed on the printer.

1. Remove the sample trap from the detection slot on the desorber and ***Discard it.***

2. Initiate "Positive Alarm Log" (Form BP-S731) and record Positive Alarm #1 results. **See Attached Sample Form.**

3. Advise the Visitor a Positive Test has occurred, and a Second test will need to be conducted to confirm the initial positive test.
(NOTE: If the Visitor refuses the Confirmation test they will not be allowed to enter the institution They will be denied visitation and will be treated as if they had a positive confirmation. Complete the Positive Alarm Log, notify the Ops. Lt. and Duty Officer and issue the Notice of Denied Visitation to the visitor.

If the Visitor agrees to a Confirmation test, they MUST remain directly in front of the Testing Station. They are not to leave the area to use the restroom or attend to personal hygiene before the Confirmation Test. If the Visitor fails to comply with these requirements the Operations Lieutenant and IDO will be contacted to determine if the visit will be denied.

4. Remove cotton gloves and replace with new ones. **DO NOT THROW OLD GLOVES AWAY. Put on new gloves.**

5. Press the <Clear> button on the screen to clear the system of contraband from the first Positive Alarm. Wipe the surface area of the testing device (wand) and the detection slot on the desorber with a pre-saturated alcohol swab/wipe. Do not attempt to take another sample until the "No Alarm-Ready" prompt appears on the screen. Annotate cleaning on Positive Alarm Log in Clear Test Section (See Example)
6. Obtain a "New/Clean" sample trap, and **test new cotton gloves.**
   -If the test is Negative record the negative test in the "Clear Test" section on Positive Alarm Log and print and sign the results from this test. Press <Menu>, then <Print>. Proceed to Confirmation Test procedures.
   -If the test is Positive repeat Steps 4, 5 and 6 until a Negative test is obtained.
   [redacted]

POSITIVE ALARM PROCEDURES CONTINUED:

7. Conduct Confirmation Test with "New/Clean" sample trap. **SAMPLES SHOULD BE TAKEN FROM THE SAME AREAS PREVIOUSLY TESTED.**

-If the Confirmation tests is positive for the same Drug as the previous test record the test results in the "Confirmation Test" section on Positive Alarm Log, sign and staple the test results to the log, and proceed to step 8. Notify the Operations Lieutenant and IDO. Press the clear button on the Itemiser to begin clearing the system.

-If the Confirmation test is positive for a different Drug contact the Operations Lieutenant and IDO and repeat steps 1 through 7.

-If the Confirmation test is Negative, visitors should be permitted entry unless prohibited for other reasons.

8. Check the Visitor's record in the Visiting Program for prior positive tests, and list any prior positive tests and mark the appropriate suspension period on Page 2 of the Positive Alarm Log in the "Positive Alarm History" section. Attach the Title 18 to the Positive Alarm Log and sign the positive printouts and also attach them to the Positive Alarm log.. **SEE EXAMPLE FORM**

9. Once the Operations Lieutenant and IDO have been notified and determine denial of visit is appropriate, then complete the "Notice of Denied Visitation" (Form BP-S732). **SEE EXAMPLE FORM**. **The IDO will inform the visitor their visit has been denied and give them the Notice of Denied Visitation.**

NOTE: THIS FORM IS FOR THE VISITOR AND SHOULD NOT BE TURNED INTO THE CAPTAIN'S OFFICE UNLESS THE VISITOR REFUSES TO TAKE THE FORM.

10. Prepare for next test. If Confirmation Test was positive, obtain a new clean set of gloves. Ensure the system has been cleared from the Positive Confirmation Test and states "No Alarm-Ready" on the screen. Wipe the surface area of the testing device (wand) and the detection slot on the desorber with a pre-saturated alcohol swab/wipe. Do not attempt to take another sample until the "No Alarm-Ready" prompt appears on the screen. Test the new gloves and print the test. ***Press <Menu>, then <Print>.*** You are now ready to test the next visitor.

BP-S729.051 **ION SPECTROMETRY DEVICE DAILY PRE/POST OPERATION LOG** CDFRM
FEB 05

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

Serial No. **20669**	Date **02-15-2005**	Random No.(s) **Every 3rd Visitor**
Operator Name/Signature	(b)(7)c	

Pre-Testing Set-Up/Validation

Function	Result	Initials
Clean Unit/Area	**Area Cleaned and Itemiser Cleaned**	(b)(7)c
Pre-Test Validation Calibration	**Pre Calibration check completed.**	
Work Area Test/Gloves	**Work Area and Gloves Test Completed With Negative Results**	

Post-Testing Validation

Alarm Printout No.	Result	Initials
Calibration	**Post Calibration Check Completed. Work Area and Gloves Test Completed with Negative Results.**	(b)(7)c

Staple Signed Printouts Here:

- Pre-Testing Validation;
- Work Area Test; and
- Post-Testing Validation

EXAMPLE

(This form may be replicated via WP)

Sensitive - Limited Official Use only when completed

EXAMPLE

BP-S730.051 **ION SPECTROMETRY DEVICE DAILY TESTING LOG** CDFRM
FEB 05

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

Serial No. **20669**	Date **02-15-2005**	Random No.(s) **Every 3rd Visitor**
Operator Name/Signature	(b)(7)c	

NOTE: Positive Alarms Must ALSO Be Logged On "POSITIVE ALARM LOG"

Time	Visitor Name	Inmate Name	Reg. No.	Result	Initials
8:00 AM	(b)(7)c, (b)(6)			**Negative**	(b)(7)c
8:12 AM				**Negative**	
8:23 AM				**Positive**	
		EXAMPLE			
		EXAMPLE			
		EXAMPLE			
		EXAMPLE			

(This form may be replicated via WP)

BP-S731.051 **ION SPECTROMETRY DEVICE POSITIVE ALARM LOG** CDFRM
FEB 05

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

Serial No. **20669**	Date **03-01-2005**
Operator Name/Signature (b)(7)c	
Visitor Name: (b)(6)	

Positive Alarm #1

Time	Alarm Printout No.	Result (include drug type	Initials
8:23 AM	**File Name: ALM0004**	**Positive / Cocaine**	(b)(7)c

Clear Test

Time	Result	Initials
8:25 AM	**Testing Device (Wand) and Detection Slot on Desorber cleaned with pre-saturated alcohol swab/wipe.**	(b)(7)c
8:28 AM	**New Cotton Cloves tested with Negative Results.**	

Confirmation Test

Time	Alarm Printout No.	Result (include drug type)	Initials
8:30 AM	**File Name: ALM0005**	**Positive / Cocaine**	(b)(7)c

Staple Signed Printouts Here:

- Positive Test #1;
- Clear Test; and
- Confirmation Test.

EXAMPLE

(This form may be replicated via WP)

Sensitive - Limited Official Use only when completed

Positive Alarm History

Positive Alarm History		
No.	Date	Disposition
1	12-26-2004	**First Time Positive Visits Suspended 48 Hours**
2	02-15-2005	**Second Time Positive Visits Suspended 30 Days**

If denied visitation, this visitor was informed he/she could return fo the institution for visitation as follows:

( ) After 48 hours on a scheduled visiting day;

(XX) This person is suspended from visiting for 30 days;

( ) This person is suspended from visiting for 90 days;

( ) This person is suspended from visiting for 180 days;

(Attach Visitor's Completed "Notification to Visitor" Form)

Misc. Notes: **Second Positive. Visits Suspended for 30 Days.**

BP-S732.051 **NOTICE OF DENIED VISITATION** CDFRM
FEB 05

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

To: Visitor's Name (b)(6)	
Re: Inmate's Name (b)(6)	Reg. No. (b)(6)

Through the use of an ion spectrometry device, you produced a confirmed positive test result for the presence of an illegal substance(s). Because the presence of illegal substances in a correctional setting seriously jeopardizes the mission of the Bureau of Prisons, your ability to enter this facility for inmate visiting is suspended as indicated below.

_____ First Occurrence - Visiting suspended for 48 hours.

XXXX Second Occurrence - Visiting suspended for 30 days.

_____ Third Occurrence - Visiting suspended for 90 days.

_____ Fourth and Subsequent Occurrences - Visiting suspended for 180 days.

You may appeal this decision in writing to the Warden. Written appeals should indicate the visitor's name, address, and purpose for visiting, including the inmate's name and register number, if applicable. Written appeals should also indicate the location, date, and time of testing positive. Visitors appealing the denial of visitation may include a physician's verification indicating a prescribed substance(s), in an effort to explain confirmed positive test results.

Date Issued **03-01-2005**	
Issuing Officer's Signature	Date **03-01-2005**
Issuing Officer's Printed Name (b)(7)c	

(This form may be replicated via WP)

Sensitive - Limited Official Use only when completed

FedCure FOIA Litigation

2005-03326

Cover Sheet

This Section Contains:

E. Records of equipment failure and repairs

Location: USP POLLOCK, LA

Name and phone number of person conducting search:

STEVE COPE; SIS Technician (318) 561-5416

The ION Scan machine was sent to repair June 2005. See documents attached

POLLOCK USP
Fund Status - Detail Report
POL
E3 - NARCOTIC SURVEILLANCE
08/17/2009 YR_FISCAL: 2005

YRegDoc	Type	Vendor/ Traveller	Description/ Location	Allotment Amount	Expenditure Amount
October, 2004					
5E34QTR1	AL		1ST QTR OPERATING	6400.00	
5E340001A	RP	NATIONAL TOXICOLO	URINALYSIS TESTING		1006.30
			Monthly Total:	6400.00	1006.30
			Year-To-Date Total:	6400.00	1006.30
			Year-To-Date Funds Available:		5393.70
November, 2004					
E34-5V0001	VA	GLOBAL TEL LINK	REPAIR LASER VOICE		138.00
E34-5V0002	VA	MOORE MEDICAL	ALCOHOL PREP PADS/		67.20
5E340001B	RP	NATIONAL TOXICOLO	URINALYSIS TESTING		954.25
			Monthly Total:	0.00	1159.45
			Year-To-Date Total:	6400.00	2165.75
			Year-To-Date Funds Available:		4234.25
December, 2004					
E34-5V0003	VA	AUDIO VIDEO SYSTE	REPAIR CAMERAS		1184.11
5E340001C	RP	NATIONAL TOXICOLO	URINALYSIS TESTING		1263.08
			Monthly Total:	0.00	2447.19
			Year-To-Date Total:	6400.00	4612.94
			Year-To-Date Funds Available:		1787.06
January, 2005					
E34-5V0005	VA	AUDIO VIDEO SYSTE	REPAIR CAMERAS		2489.74
E34-5V0006	VA	AUDIO VIDEO	REF E34-5V0003		988.35
E34-5V0008	VA	FED EX	SHIP ALCO SENSORS		16.48
5E34QTR2	AL		2ND QTR OPERATING	6400.00	
5E340001D	RP	NATIONAL TOXICOLO	URINALYSIS TESTING		864.03
			Monthly Total:	6400.00	4358.60
			Year-To-Date Total:	12800.00	8971.54
			Year-To-Date Funds Available:		3828.46
February, 2005					
E34-5V0007	VA	AUDIO VIDEO	REPAIR CAMERAS		1123.42
5E340001E	RP	NATIONAL TOXICOLO	URINALYSIS TESTING		697.47
			Monthly Total:	0.00	1820.89
			Year-To-Date Total:	12800.00	10792.43
			Year-To-Date Funds Available:		2007.57
March, 2005					
E34-5V0009	VA	INTOXIMETERS	REPAIR FEE		0.00
E34-5V0010	VA	INTOXIMETERS	REPAIR ALCO SENSORS		810.30
5E340001F	RP	NATIONAL TOXICOLO	URINALYSIS TESTING		1025.48
			Monthly Total:	0.00	1835.78
			Year-To-Date Total:	12800.00	12628.21
			Year-To-Date Funds Available:		171.79

N/A
3.

Pd. 5-17-05

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS
CREDIT CARD PURCHASE FORM
(Not for Personal Use Items)

Warehouse use

VENDOR NAME: Smith's Detection
DEPARTMENT: U.S.P. Pollock (318) 561-5300
CARD HOLDER NAME: Michelle Calhoun

STOCK NO.	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
N/A	1	ea.	Smiths Detection 30 Technology Drive Warren, New Jersey 07059 FPS# 0519100908 Serial# 12456 Model# IONScan 400 B Repair of Inlet Part not covered under the Warranty Ticket #2005-18472 (908) 222-9100 - EVA ext 3039	444.06	444.06
			E 34-SV0014		

FUND CONTROL #: TOTAL AMOUNT 444.06

Accounting Code (If other than default):

Card Hold Signature: [signature] 5/16/05

Cost Center Manager: [signature] 5/16/05

Computer Services Manager: N/A

Warehouse: N/A Date: N/A

OFFICE REQ. NO.:

Does this Purchase contain items listed on Tool Control? Yes No

White - Cardholder - Warehouse

June 2
June 3
Vandam

Cog

Drew Smith Dell
AR-Person
Invoice #
908 222 9100
3112

InvoiceNo: 39322

Work Order Estimate

Finish Date:

BIIF119 3/22/01 REV C

Service Report Number: 18472

RMA No 2005-18472

Billing Address

US Penitentiary Pollock
1000 Airbase Road
Pollock, LA 71467

Contact Name: John Gintz

Shipping Address

US Penitentiary Pollock
1000 Airbase Road
Pollock, LA 71467

Phone Number: (318) 561-5402 f: 318-561-5607

Record Opened By:	DSARDONE	*Estimated - By:*	RPATEL
Detector Module S/N:	12456	*Date:*	5/10/2005
Power Pump Module S/N:		*IONSCAN Model:*	
Mode of Operation:	Dual	*Operational Time:*	0
		Total Samples:	0

Description of Problem

*** MUSTCONTACT CUSTOMER WITH ESTIMATE IF NOT COVERED BY WARRANTY
CALL- MERCEDES CARROLL (318)561-5402 OR (318)561-5300 **********

Notes

SO#39322
Stripped inlet block screws

DC BOTTLE
BLACK CASE

Estimated Prices Are Subject To Change

Service Type: **Contract** *Shipping:* *Item Shipped:* **IONSCAN**

Purchase order: _____

Credit Card (circle one): *Visa* / (M/C) *Exp/date:* 11/06

Card Number: 0987

Name on Card: MICHELLE CALHOUN

Labor Hours:	**2.00**
Labor Charge:	**$210.00**
Parts Price:	**$234.06**
Total:	**$444.06**

InvoiceNo: 39322

Work Order Estimate

Finish Date:

Service Report Number: 18472

BIIF119 3/22/01 REV C

RMA No 2005-18472

Service Performed

Steps	*Service Performed*	*Hours*	*Price*
1	IMS Inlet Assembly	2.00	$210.00
	Totals:	2.00	$210.00

Replaced Components

Part Number	*Component Name*	*Quan.*	*Unit Price*	*Ext. Price*
15351	IMS Inlet Block	1	$210.00	$210.00
10802	IMS Inlet Block Screw	2	$11.03	$22.06
11021	IMS pin A&B	2	$1.00	$2.00
			Total Price:	$234.06

Note: Estimate approval or denial must be received within 30 days to avoid product return to customer unrepaired. All shipping charges are the responsibility of the customer.

smiths

Smiths Detection

Smiths Detection
30 Technology Drive
Warren, NJ 07059
Tel: 908-222-9100
Fax: 908-222-9651

FAX COVER SHEET / MESSAGE FORM

from the desk of

Eva Spychalski Ext: 3039
eva.spychalski@smithsdetection.com

TO: _____ **FAX#:** 318-561-5607

ATTENTION: MICHELLE

FROM: EVA **PAGE 1 OF** 3

DATE: 5-17-05 **REF:** 12456

smiths

Smiths Detection, Inc.

30 Technology Drive Warren, NJ 07059 USA
Phone (908) 222-9100 Tax ID# 22-3552823
Smiths Detection Inc. A Smiths Group Company

Invoice 245948

DATE
5/20/2005

PAGE: 1

US PENITENTIARY
PO BOX 1000
ATTN: DELBERT GRIGSBY
POLLOCK LA 71467

US PENITENTIARY POLOCK
1000 AIRBASE ROAD
ATTN: JOHN GINTZ
POLLOCK LA 71467

PURCHASE ORDER NO.	CUSTOMER ID	SALES ID	SHIPPING METHOD	PAYMENT TERMS	REQ'D SHIP DATE	MASTER NUMBER
	USPEN01		UPS BLUE	Net 30	5/20/2005	53,803

QUANTITY		ITEM NUMBER	DESCRIPTION	UOM	DISCOUNT	UNIT PRICE	EXTENDED PRICE
2.00	2.00	0.00 LABOR65	12456		$0.00	$105.00	$210.00
1	1	0 15351	INLET, IMS		$0.00	$210.00	$210.00
2	2	0 10802	INLET BLOCK SCREWS		$0.00	$11.03	$22.06
2	2	0 11021	SCREW DRIVE 0.058D X 1/8 LG (400B)		$0.00	$1.00	$2.00
1	1	0 1811231	EXHAUST VALVE M400B		$0.00	$0.00	$0.00
1	1	0 6817553	INLET GASKET KIT		$0.00	$0.00	$0.00

Recieved 6-2-05 Spoke to Eva who states that the freight will not be charged to credit card. Faxing correct paperwork

2456
2005-18472
JOHN GINTZ
318-561-5402

Thank You

Subtotal	$444.06
Misc	$0.00
Tax	$0.00
Freight	$52.55
Trade Discount	-$0.00
Total	$496.61

F6111V

SD-Warren Credit Card Sales / NOVA

06/02 12:44

DUPLICATE SALE RECEIPT

Card Data:	**********0987 K
Clerk:	NGONZALEZ
Customer Code:	USPEN01
Invoice #:	245948
Approval Code:	022930
Amount:	**444.06**

Thank you for your business

SD-Warren Credit Card Sales / NOVA

06/02 12:44

DUPLICATE SALE RECEIPT

Card Data:	5568968000080987 11/06 K
Clerk:	NGONZALEZ
Customer Code:	USPEN01
Invoice #:	245948
Approval Code:	022930
Amount:	**444.06**

X_____

CARDHOLDER SIGNATURE

I agree to pay the above total amount according to the card issuer agreement.

SMITHS DETECTION INC
30 TECHNOLOGY DRIVE
WARREN, NJ 07059
PHONE: 908-222-9100
FAX: 908-222-9100

SMITHS DETECTION

Fax

To:	MICHELLE CALHOUN	**From:**	NILA GONZALES
Fax:	318 - 561 - 5607	**Pages:**	2
Phone:		**Date:**	6-02-05
Re:	PAID INV # 245948	**CC:**	

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments:**