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: FCI Tucson, AZ.

Name and phone number of person conducting search:
J. Contreras, SIS tech 520-574-7100 #7373

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

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

Serial No. 20477(FCI)	Date 7/29/07
Operator Name/Signature	(b)(7)c
Visitor Name:	(b)(6) (b)(7)c

Positive Alarm #1

Time	Alarm Printout No.	Result (include drug type)	Initials
11:46 AM	AIM640	COCAINE	(b)(7)c

Clear Test

Time	Result	Initials
11:49 pm	Cleared Machine/No Alarm Ready	(b)(7)c

Confirmation Test

Time	Alarm Printout No.	Result (include drug type)	Initials
11:50 pm	AIM641	COCAINE	(b)(7)c

Staple Signed Printouts Here:

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

(This form may be replicated via WP)

Sensitive but Unclassified only when completed

-S224.022 NOTIFICACIÓN A VISITANTE CDFRM
YO 99
PARTAMENTO DE JUSTICIA DE EE.UU

1 2 A C
SW214 Unit/Cell

Positive 48.

AGENCIA FEDERAL DE PRISIONES

cha: 07/29/07 Hora: 10:24 Nombre del Oficial:

stitución: FCI TUCSON Dirección: 8901 S. Wilmot Rd. Tucson, AZ. 85706

mbre del Reo a Visitar (b)(6)

un delito Federal traer a las facilidades de la institución sin el conocimiento y consentimiento del Warden lcaide): cualquier arma de fuego, artefacto/dispositivo destructivo, municiones, cualquier otro objeto diseñado ra usarse como un arma, drogas narcóticas, sustancias reguladas, bebidas alcohólicas, dinero, o cualquier otro jeto que sea una amenaza al orden, la disciplina, o a la seguridad de la prisión, o que sea una amenaza a la vida, salud, o la seguridad de un individuo. Las secciones §§ 1791 y 3571 del Código de Leyes 18 DE EE.UU. estipulan a condena de encarcelamiento de no más de veinte años, una multa de no más de $250,000 o ambas penas, a la persona e provea o trate de proveer cualquier objeto prohibido a un reo. Todas las personas que entran a estos predios tán sujetas a registros rutinarios de su persona, su propiedad (incluyendo vehículos), y sus paquetes. De haber specha razonable de que la persona esta tratando de introducir contrabando, o que actúa de manera tal que podría ner en peligro la protección, la seguridad, o el buen funcionamiento de la institución, El Warden(Alcaide) puede dirle a la persona a que se someta a un registro visual, un registro manual, una prueba de orina, una prueba de coholimetro(breathalyzer), u otra prueba similar, como requisito previo para entrar. El visitante tiene a su screción el rehusarse a cualquiera de los procedimientos de registro, de pruebas o de entrada, lo cual tendrá como sultado que no se permita la entrada del visitante a la institución.
TA: La negativa a estos procedimientos significa que no se le permitirá entrar a la institución, y se le permitirá jar los predios de la institución, a menos que exista una razón para detenerle y/o arrestarle. El uso de cámaras tográficas o de equipo magnetofónico de grabación sin el permiso del Warden(Alcaide) está terminantemente ohibido; los infractores serán sometidos a enjuiciamiento penal. Una vez la visita con el reo comience, si el sitante abandona el área de visita, se dará por terminado la visita. Cualquier excepción a esta regla debe ser robada por el oficial del cuarto de visitas.

R FAVOR CONTESTE LAS SIGUIENTES PREGUNTAS: ¿Tiene Ud. consigo, o tiene algún niño menor de 16 años de edad en su upo de visita, algunos de los siguientes artículos?

Armas de Fuego	Si___ No X		Narcóticos	Si___ No X	
Explosivos	Si___ No X		Marihuana	Si___ No X	
Armas	Si___ No X		Cámara Fotográfica	Si___ No X	
Municiones	Si___ No X		Alimentos/Comida	Si___ No X	
Bebidas Alcohólicas	Si___ No X		Medicinas Recetadas*	Si___ No X	
Herramientas para Cortar Metal	Si___ No X		Equipo Magnetofónico de Grabación	Si___ No X	
Teléfono Celular	Si___ No X				

e debe escribir toda clase de medicina que tenga consigo en el siguiente espacio y se deben dejar en el área de entrada:

he leído, entiendo, y estoy de acuerdo con lo anteriormente escrito. Si estoy visitando a un reo, yo también tiendo y estoy de acuerdo en cumplir con las pautas de visita, las cuales me han sido provistas por esta stitución. Declaro que no tengo en mi posesión los artículos que entiendo pueden ser una amenaza a la protección, seguridad, o el buen funcionamiento de la institución. Estoy consciente que si tengo dudas sobre lo que está torizado, debo consultar con el oficial. Estoy consciente que la pena por dar una declaración falsa es una multa no más de $250,000 o una condena de encarcelamiento de más de cinco años, o ambas penas(en conformidad con la cción § 1001 del CÓDIGO 18 de EE.UU.). Estoy consciente que el área de visita, incluyendo los baños del área de sita, pueden ser vigilados para asegurar la seguridad y el buen funcionamiento de la institución.

mbre Impreso/ Firma: (b)(6)

rección/Ciudad y Esta

mero de placa/tablill

va a visitar un reo, favor de completar lo siguiente: Nombres de los niños menores de 16 años de edad que están io mi responsabilidad:

(b)(6)

mbre de su Organización: Propósito de la Visita Social Visit

mbre Impreso/Firma del Miembro del Personal que sea Testigo (b)(7)c

Este formulario se puede reproducir por medio de WP) mplaza a BP-224(52) julio de 1995

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

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

Serial No. 20477(FCI)	Date 8/14/07
Operator Name/Signatur (b)(7)c	
Visitor Name: (b)(6)	

Positive Alarm #1

Time	Alarm Printout No.	Result (include drug type)	Initials
545pm	Alm 649	Amphet	(b)(7)c

Clear Test

Time	Result	Initials
546pm	Cleaned Machine / Amphet	(b)(7)c
548pm	Cleaned Machine / No Alarm Ready	

Confirmation Test

Time	Alarm Printout No.	Result (include drug type)	Initials
549pm	Alm 651	Amphet	(b)(7)c

Staple Signed Printouts Here:

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

(This form may be replicated via WP)

Sensitive but Unclassified only when completed

MN214 Unit/Cell
1 A
1 C

BP-S224.022 NOTIFICATION TO VISITOR CDFRM
MAY 99
U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

Date: 08/14/07 Time: 1pm Officer's Name: (b)(7)c

Institution: FCI TUCSON Location: 8901 S. Wilmot Rd, Tucson, AZ, 85706

Name of Inmate To Be Visited: (b)(6)

It is a Federal crime to bring upon the institution grounds any firearm, destructive device, ammunition, other object designed to be used as a weapon, narcotic drug, controlled substance, alcoholic beverage, currency, or any other object that threatens the order, discipline, or security of a prison, or the life, health, or safety of an individual without the knowledge and consent of the Warden. 18 U.S.C. §§ 1791 and 3571 provides a penalty of imprisonment for not more than twenty years, a fine of not more than $250,000 or both, to a person who provides, or attempts to provide, to an inmate any prohibited object. All persons entering upon these premises are subject to routine searches of their person, property (including vehicles), and packages. The Warden, upon reasonable suspicion that a person may be introducing contraband or demonstrating actions that might otherwise endanger institution safety, security, or good order, may request the person, as a prerequisite to entry, to submit to a visual search, pat search, urine surveillance test, breathalyzer test, or other comparable test. A visitor has the option to refuse any of the search or test or entrance procedures, with the result that the visitor will not be permitted entry to the institution.

NOTE: Your refusal of these procedures means that you will not be permitted entry to the institution, and you will be allowed to leave the institution property, unless there is a reason to detain and/or arrest you. The use of cameras or recording equipment without permission of the Warden is strictly prohibited; violators are subject to criminal prosecution. Once a visit with an inmate begins, if a visitor leaves the visiting area, the visit will be terminated. Any exception must be approved by the visiting room officer.

PLEASE ANSWER THE FOLLOWING QUESTIONS: Are any of the following items in your possession, or in possession of children in your party under 16 years of age?

Firearms	Yes ___	No ___	Narcotics	Yes ___	No ___
Explosives	Yes ___	No ___	Marijuana	Yes ___	No ___
Weapons	Yes ___	No ___	Camera	Yes ___	No ___
Ammunition	Yes ___	No ___	Food Items	Yes ___	No ___
Metal Cuting tools	Yes ___	No ___	Alcoholic Beverages	Yes ___	No ___
Recording Equipment	Yes ___	No ___	Prescription Drug*	Yes ___	No ___
Cellular Phone	Yes ___	No ___			

*All types of medication carried must be listed in the following space, and must be left at the entry area:

I have read, I understand, and I agree to the above. If I am visiting with an inmate, I also understand and agree to abide by the visiting guidelines provided me by this institution. I declare that I do not have articles in my possession which I know to be a threat to institution safety, security, or good order. I am aware that if I have questions about what is authorized, I should consult with the officer. I am aware that the penalty for making a false statement is a fine of not more than $250,000 or imprisonment of not more than five years or both (pursuant to 18 U.S.C. § 1001). I am aware that the visiting area, including restrooms in the visiting area, may be

Printed Name/Signatur

Street Address /City

Vehicle License No.:

If visiting with an i
am responsible:

(b)(6)

If not visiting with an inmate, please indicate:

Name of Organization: Purpose of Visit: Social

Printed Name/Signature of Staff Witness: (b)(7)c

(This form may be replicated via WP) Replaces BP-224(52) of Jul 95

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

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

Serial No. 20477(FCI)	Date 9-29-07
Operator Name/Sign (b)(7)c	
Visitor Name: (b)(6)	

Positive Alarm #1

Time	Alarm Printout No.	Result (include drug type)	Initials
821	Alm 00692	Cocaine	(b)(7)c

Clear Test

Time	Result	Initials
824	No Alarm ready	(b)(7)c

Confirmation Test

Time	Alarm Printout No.	Result (include drug type)	Initials
826	Alm 00693	Cocaine	(b)(7)c

Staple Signed Printouts Here:

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

(This form may be replicated via WP)

Sensitive but Unclassified only when completed

BP-S224.022 NOTIFICATION VISITOR CDFRM 1 A C Unit M/S
MAY 99
U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

Date: 9-29-07 Time: 8:04 Officer's Name: (b)(7)c

Institution: FCI TUCSON Location: 8901 S. WILMOT RD. TUCSON, AZ 85706

Name of Inmate To Be Visited: (b)(6)

It is a Federal crime to bring upon the institution grounds any firearm, destructive device, ammunition, other object designed to be used as a weapon, narcotic drug, controlled substance, alcoholic beverage, currency, or any other object that threatens the order, discipline, or security of a prison, or the life, health, or safety of an individual without the knowledge and consent of the Warden. 18 U.S.C. §§ 1791 and 3571 provides a penalty of imprisonment for not more than twenty years, a fine of not more than $250,000 or both, to a person who provides, or attempts to provide, to an inmate any prohibited object. All persons entering upon these premises are subject to routine searches of their person, property (including vehicles), and packages. The Warden, upon reasonable suspicion that a person may be introducing contraband or demonstrating actions that might otherwise endanger institution safety, security, or good order, may request the person, as a prerequisite to entry, to submit to a visual search, pat search, urine surveillance test, Breathalyzer test, or other comparable test. A visitor has the option to refuse any of the search or test or entrance procedures, with the result that the visitor will not be permitted entry to the institution.
NOTE: Your refusal of these procedures means that you will not be permitted entry to the institution, and you will be allowed to leave the institution property, unless there is a reason to detain and/or arrest you. The use of cameras or recording equipment without permission of the Warden is strictly prohibited; violators are subject to criminal prosecution. Once a visit with an inmate begins, if a visitor leaves the visiting area, the visit will be terminated. Any exception must be approved by the visiting room officer.

PLEASE ANSWER THE FOLLOWING QUESTIONS: Are any of the following items in your possession, or in possession of children in your party under 16 years of age?

Firearms	Yes ___	No ✓	Narcotics	Yes ___	No ✓
Explosives	Yes ___	No ✓	Marijuana	Yes ___	No ✓
Weapons	Yes ___	No ✓	Camera	Yes ___	No ✓
Ammunition	Yes ___	No ✓	Food Items	Yes ___	No ✓
Metal Cuting tools	Yes ___	No ✓	Alcoholic Beverages	Yes ___	No ✓
Recording Equipment	Yes ___	No ✓	Prescription Drug*	Yes ___	No ✓
Cellular Phone	Yes ___	No ✓			

*All types of medication carried must be listed in the following space, and must be left at the entry area:

I have read, I understand, and I agree to the above. If I am visiting with an inmate, I also understand and agree to abide by the visiting guidelines provided me by this institution. I declare that I do not have articles in my possession which I know to be a threat to institution safety, security, or good order. I am aware that if I have questions about what is authorized, I should consult with the officer. I am aware that the penalty for making a false statement is a fine of not more than $250,000 or imprisonment of not more than five years or both (pursuant to 18 U.S.C. § 1001). I am aware that the visiting area, including restrooms in the visiting area, may be monitored to ensure institution security and good order.

Printed Name/Signature: (b)(6)

Street Address/City and

V

(b)(6)

I

a

If not visiting with an inmate, please indicate:

Name of Organization: _____

Printed Name/Signature of Staff Witnes: (b)(7)c

(This form may be replicated via WP) Replaces BP-224(52) of Jul 95

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

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

Serial No. 20477(FCI)	Date 11/13/07
Operator Name/Signatur (b)(7)c	
Visitor Name: (b)(6)	

Time	Alarm Printout No.	Result (include drug type)	Initials
551PM	00731	THC	(b)(7)c

Clear Test

Time	Result	Initials
555PM	CLEAR TEST	(b)(7)c

Confirmation Test

Time	Alarm Printout No.	Result (include drug type)	Initials
556PM	00732	THC	(b)(7)c

Staple Signed Printouts Here:

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

(This form may be replicated via WP)

Sensitive but Unclassified only when completed

1 AC
SW Unit

BP-A224.022
MAY 99
NOTIFICATION TO VISITOR

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

Date: 11-13-07 Time: 5:13 Officer's Name: _____

Institution: Federal Correctional Institution Location: 8901 S Wilmot Rd Tucson Az 85706

Name of Inmate To Be Visited: _ (b)(6)

It is a Federal crime to bring upon the institution grounds any firearm, destructive device, ammunition, other object designed to be used as a weapon, narcotic drug, controlled substance, alcoholic beverage, currency, or any other object that threatens the order, discipline, or security of a prison, or the life, health, or safety of an individual without the knowledge and consent of the Warden. 18 U.S.C. §§ 1791 and 3571 provides a penalty of imprisonment for not more than twenty years, a fine of not more than $250,000 or both, to a person who provides, or attempts to provide, to an inmate any prohibited object. All persons entering upon these premises are subject to routine searches of their person, property (including vehicles), and packages. The Warden, upon reasonable suspicion that a person may be introducing contraband or demonstrating actions that might otherwise endanger institution safety, security, or good order, may request the person, as a prerequisite to entry, to submit to a visual search, pat search, urine surveillance test, breathalyzer test, or other comparable test. A visitor has the option to refuse any of the search or test or entrance procedures, with the result that the visitor will not be permitted entry to the institution.
NOTE: Your refusal of these procedures means that you will not be permitted entry to the institution, and you will be allowed to leave the institution property, unless there is a reason to detain and/or arrest you. The use of cameras or recording equipment without permission of the Warden is strictly prohibited; violators are subject to criminal prosecution. Once a visit with an inmate begins, if a visitor leaves the visiting area, the visit will be terminated. Any exception must be approved by the visiting room officer.

PLEASE ANSWER THE FOLLOWING QUESTIONS: Are any of the following items in your possession, or in possession of children in your party under 16 years of age?

Firearms	Yes ___	No ✓	Narcotics	Yes ___	No ✓
Explosives	Yes ___	No ✓	Marijuana	Yes ___	No ✓
Weapons	Yes ___	No ✓	Camera	Yes ___	No ✓
Ammunition	Yes ___	No ✓	Food Items	Yes ___	No ✓
Metal Cuting tools	Yes ___	No ✓	Alcoholic Beverages	Yes ___	No ✓
Recording Equipment	Yes ___	No ✓	Prescription Drug*	Yes ___	No ✓
Cellular Phone	Yes ___	No ✓			

*All types of medication carried must be listed in the following space, and must be left at the entry area:

I have read, I understand, and I agree to the above. If I am visiting with an inmate, I also understand and agree to abide by the visiting guidelines provided me by this institution. I declare that I do not have articles in my possession which I know to be a threat to institution safety, security, or good order. I am aware that if I have questions about what is authorized, I should consult with the officer. I am aware that the penalty for making a false statement is a fine of not more than $250,000 or imprisonment of not more than five years or both (pursuant to 18 U.S.C. § 1001). I am aware that the visiting area, including restrooms in the visiting area, may be [illegible] institution security and good order.

Printed Name/Signa (b)(6)

Street Address/Cit

Vehicle License Nc

If visiting with an inmate, please complete the following: Names of children under 16 years of age for whom I am responsible:

If not visiting with an inmate, please indicate:

Name of Organization: _____ Purpose of Visit: _____

Printed Name/Signature of Staff Witness: _____

(This form may be replicated via WP)

Replaces BP-224(52) of Jul 95

FILE IN SECTION 6 UNLESS APPROPRIATE FOR PRIVACY FOLDER

SECTION 3

BP-S731.051 **ION SPECTROMETRY DEVICE POSITIVE ALARM LOG** CDFRM
FEB 05
U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

Serial No. 20477(FCI)	Date 12-24-07
Operator Name/S (b)(7)c	
Visitor Nam (b)(6)	

Positive Alarm #1

Time	Alarm Printout No.	Result (include drug type)	Initials
1243	757	Cocaine	(b)(7)c

Clear Test

Time	Result	Initials
1247	Clear	(b)(7)c

Confirmation Test

Time	Alarm Printout No.	Result (include drug type)	Initials
1250	758	Cocaine	(b)(7)c

Staple Signed Printouts Here:

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

(This form may be replicated via WP)

Sensitive but Unclassified only when completed

BP-A0224.022
OCT 07

NOTIFICATION TO VISITOR CDFRM

1 ADULT
____ CHILDREN
MS UNIT

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

Date: 12-24-07 Time: _____ Officer's Name: (b)(7)c

Institution: FCI TUCSON Location: 8901 S WILMOT RD

Name of Inmate To Be Visited: (b)(6)

NOTICE TO ALL PERSONS: CONS

Federal Bureau of Prisons (Bureau) staff may search you and your belongings (bags, boxes, vehicles, container in vehicles, jackets, coats, etc.) before you enter, or while you are on or inside, Bureau grounds or facilities.

Consent to Search Implied. By entering or attempting to enter Bureau grounds or facilities, you consent to being searched in accordance with Bureau policy and Federal regulations in volume 28 of the Code of Federal Regulations, Part 511. If you refuse to be searched, you may be prohibited from entering Bureau grounds or facilities.

NOTICE TO ALL PERSONS: PROHIBITED ACTIVITIES AND OBJECTS

You are prohibited from engaging in prohibited activities or possessing prohibited objects on Bureau grounds, or in Bureau facilities, without the knowledge and consent of the Warden. Violators may be detained or arrested for possible criminal prosecution, either by Bureau staff, or local or federal law enforcement authorities.

Prohibited Activities include any activities that could jeopardize the Bureau's ability to ensure the safety, security, and orderly operation of Bureau facilities, and protect the public, including, but not limited to, violations of Titles 18 and 21 of the United States Code, Federal regulations, or Bureau policies.

Prohibited Objects include, but are not limited to, weapons; explosives; drugs; intoxicants; currency; cameras of any type; recording equipment; telephones; radios; pagers; electronic devices; and any other objects that violate criminal laws or are prohibited by Federal regulations or Bureau policies.

PLEASE ANSWER THE FOLLOWING QUESTIONS: Are any of the following items in your possession, or in possession of children in your party under 16 years of age?

Tobacco Products	Yes ___	No ✓	Narcotics	Yes ___	No ✓
Explosives	Yes ___	No ✓	Marijuana	Yes ___	No ✓
Weapons	Yes ___	No ✓	Camera	Yes ___	No ✓
Ammunition	Yes ___	No ✓	Food Items	Yes ___	No ✓
Metal Cutting tools	Yes ___	No ✓	Alcoholic Beverages	Yes ___	No ✓
Recording Equipment	Yes ___	No ✓	Prescription Drug*	Yes ___	No ✓
Telephones-any type	Yes ___	No ✓	Intoxicants	Yes ___	No ✓
Radios	Yes ___	No ✓	Pagers	Yes ___	No ✓
Electronic Devices	Yes ___	No ✓	Firearms	Yes ___	No ✓

*All types of medication carried must be listed in the following space, and must be left at the entry area:

I have read, I understand, and I agree to the above. If I am visiting with an inmate, I also understand and agree to abide by the visiting guidelines provided me by this institution. I declare that I do not have articles in my possession which I know to be a threat to institution safety, security, or good order. I am aware that if I have questions about what is authorized, I should consult with the officer. I am aware that the penalty for making a false statement is a fine of not more than $250,000 or imprisonment of not more than five years or both (pursuant to 18 U.S.C. § 1001). I am aware that the visiting area, may

Printed Name/Signa (b)(6)

Street Address/Cit

Vehicle License No

If visiting with a
am responsible:

If not visiting with an inmate, please indicate:

Name of Organization: N/A Purpose of Visit: General

Printed Name/Signature of Staff Witne (b)(7)c

(This form may be replicated via WP)

Replaces BP-224(52) of May 99

FILE IN SECTION 3 UNLESS APPROPRIATE FOR PRIVACY FOLDER

SECTION 3