

Seizure Record Form

Acquisition Details		
Location of Seizure		
Full Address: Room No.: Building: Address Line 1: Address Line 2: Zip/Post code:		
Was the equipment mounted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the equipment attached to a communication line at the time of seizure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the equipment switched on at the time of seizure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please state how the equipment was switched off and secured.		
Was the equipment password protected?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Whether able to get password from owner? If yes, what is the password?		
Has the equipment been switched on since being seized?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please state the reason and the details of the person.		
Is the list of application running on equipment available?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are photos of scene taken? (If YES attach them)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If any sketch is produced? (If YES attach it)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Image Creation		
Application for Imaging:		
Application:		
Version:		
Operating Systems:		
Supplier:		
Web:		
Write Blocker:		
Application:		
Type:		
Version:		
Operating Systems:		
Supplier:		
Web:		
Did the hashes of original and image match?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If the hash file is attached?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Forensic Analyst Making Seizure			
Full Name:		Title:	
Phone:		Department	
Full Address:			
Room No. Building Address Line 1 Address Line 2 Zip/Post code			
Comments:			
Signature:		Date and Time:	

Witness Signature			
Full Name:		Title:	
Phone:		Department	
Full Address:			
Room No. Building Address Line 1 Address Line 2 Zip/Post code			
Signature:		Date and Time:	

Witness Signature			
Full Name:		Title:	
Phone:		Department	
Full Address:			
Room No. Building Address Line 1 Address Line 2 Zip/Post code			
Signature:		Date and Time:	