



Independent Witness - Search Warrant Oversight



GENERAL Fill in or tick relevant boxes use notes for extra information as required		
Location: _____	Date / /	Time: _____
APPLICANTS list officers and operators starting with warrant holder and OIC		
Applicant _____	Rank _____	Number _____
Applicant _____	Rank _____	Number _____
OTHERS list other officers and other agency personnel		
Name _____	Position _____	Agency _____
Name _____	Position _____	Agency _____
Name _____	Position _____	Agency _____
WARRANT DETAILS examine warrant for correctness and get brief on personal safety and entry		
Warrant received Yes <input type="checkbox"/> No <input type="checkbox"/>	Warrant in date Yes <input type="checkbox"/> No <input type="checkbox"/>	Briefed on safety Yes <input type="checkbox"/> No <input type="checkbox"/>
Correct location Yes <input type="checkbox"/> No <input type="checkbox"/>	Warrant signed & valid Yes <input type="checkbox"/> No <input type="checkbox"/>	Briefed on entry Yes <input type="checkbox"/> No <input type="checkbox"/>
OWNER OCCUPIER DETAILS provide only details relevant to the warrant		
Company Name _____	ASIC Number _____	
Family Name _____	Given Names _____	
Street _____	Suburb/Town _____	
Date of Birth _____	Postcode _____	
EXECUTION NOTES list noteworthy observations here (use notes page if more observations needed)		
Time: _____	Occurrence _____	
DISCREPANCIES	UNRESOLVED	
SEIZURE RECORD note details of seizures		
Evidence Bags QTY _____		Property record sheet numbers: _____
Other Items QTY _____		
Property Officer Name _____		
SUMMARY final details and record computer sign off reference		
Documents left Yes <input type="checkbox"/> No <input type="checkbox"/>	Premises secured Yes <input type="checkbox"/> No <input type="checkbox"/>	Computer Sign Off Reference Number <div style="border: 1px solid red; width: 100px; height: 20px; margin: 5px 0;"> </div>
		Time finished <div style="border: 1px solid red; width: 100px; height: 20px; margin: 5px 0;"> </div>
OIC Signature _____		

