STATE OF CALIFORNIA — Revised —

URINALYSIS SAMPLE CONTROL LOG

CDCR 2249 (REV. 08/14)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
DIVISION OF ADULT PAROLE OPERATIONS

CDC NUMBER	PAROLEE'S NAME

AGENT OF RECORD	BADGE #	PAROLE UNIT

PAROLEE SIGNATURE	THIS SECTION FOR PAROLE AGENT USE ONLY				
	SAMPLE COLLECTED		PAROLE AGENT'S INITIALS	INSTANT TEST RESULTS P=Positive N=Negative	SENT FOR LAB CONFIRMATION Y=Yes N=No* *see below
	DATE	TIME			
				☐ P ☐ N	☐ Y ☐ N*
				☐ P ☐ N	☐ Y ☐ N*
				☐ P ☐ N	☐ Y ☐ N*
				☐ P ☐ N	☐ Y ☐ N*
				☐ P ☐ N	☐ Y ☐ N*
				☐ P ☐ N	☐ Y ☐ N*
				☐ P ☐ N	☐ Y ☐ N*
				☐ P ☐ N	☐ Y ☐ N*
				☐ P ☐ N	☐ Y ☐ N*
				☐ P ☐ N	☐ Y ☐ N*
				☐ P ☐ N	☐ Y ☐ N*
				☐ P ☐ N	☐ Y ☐ N*
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				☐ P ☐ N	☐ Y ☐ N*
				☐ P ☐ N	☐ Y ☐ N*
				☐ P ☐ N	☐ Y ☐ N*
				☐ P ☐ N	☐ Y ☐ N*
				☐ P ☐ N	☐ Y ☐ N*
				☐ P ☐ N	☐ Y ☐ N*

*If "No" is checked, the parolee has voluntarily provided a written statement of admission.

DISTRIBUTION: ORIGINAL TO PAROLE AGENT OF RECORD (RETAIN IN PAROLEE FIELD FILE) COPY TO PAROLEE (UPON REQUEST)