



**APPLICATION FOR DECLARATION OF DRUG-CLEARED/DRUG-FREE
CONTROLLED FACILITIES FOR PERSONS DEPRIVED OF LIBERTY**

Pursuant to Board Regulation No. 2, Series of 2020

Date of Application: _____ **PDEA Control Number:** _____

Instructions: Please fill out this form and follow the instructions carefully. Put N/A in the space provided if not applicable. Do not abbreviate name of persons or places. Lack of supporting documents mentioned herein will not be entertained by the Committee.

I. Profile of the Jail/Prison Facility

Complete Name of Controlled Facility : _____

Address of Controlled Facility : _____

Head of Controlled Facility : _____

Contact Number : _____

Total No. of Personnel : _____ (Male: _____ Female: _____)

Actual PDL Population : _____ (Male: _____ Female: _____)

Total No. of Drug Offenders/Convicts: _____ (Male: _____ Female: _____)

II. Conduct of Search and Seizure Operations

1st : Date / Participating Unit or Agency

2nd : Date / Participating Unit or Agency

3rd : Date / Participating Unit or Agency

(Note: After-Activity Reports must be submitted to the Secretariat of the Oversight Committee.)

III. Conduct of Drug Testing

1st : Date / Facilitating Unit or Agency

2nd : Date / Facilitating Unit or Agency

3rd : Date / Facilitating Unit or Agency

(Note: After-Activity Reports must be submitted to the Secretariat of the Oversight Committee.)

IV. Conduct of Anti-Illegal Drug Advocacy Campaigns and Symposium

Date Conducted : _____

Name of Speaker/Lecturer : _____

Title/Topic of Campaign/Symposium: _____

Date Conducted : _____
Name of Speaker/Lecturer : _____
Title/Topic of Campaign/Symposium: _____

(Note: Use extra sheet for additional Anti-Illegal Drug Advocacy Campaigns and Symposium. Must have been conducted during the evaluation period. Proper documentation must be submitted to the Secretariat of the Oversight Committee after the conduct of the said campaign/lecture.)

V. Intervention Program

Name of the Program : _____
Date of Establishment : _____
Office Primary Responsible: _____

	Personnel	PDLs
Number of those currently undergoing the Intervention Program		
Number of those who finished the Intervention Program		

(Note: Use extra sheet for additional Intervention Program/s. Submit the names of personnel and PDLs who completed and are currently undergoing therapeutic programs.)

VI. Supporting Documents

- A. After-Activity Report for Search and Seizure Operations;
- B. Drug Test Results;
- C. Validation Report issued by PDEA, PNP, NBI, and NICA for drug listed PDLs;
- D. After-Activity Report, Attendance Sheet and Photos during Advocacy Campaigns and Symposium;
- E. List of PDLs undergoing Intervention Program; and
- F. List of PDLs who finished the Intervention Program.

(Note: These documents must be submitted completely before the scheduled deliberation of the Oversight Committee.)

VII. Printed Name and Signature of the Applicant

Applicant's Printed Name and Signature

Date