RESTRAINT CHAIR AUTHORIZATION FORM SHIFT SUPERVISOR CHECKLIST

Offeno	der's Name: I.D. #:				
Date:	/ / Time: (Exact Military Time)				
PROC	EDURE:				
1.	[] Notify Warden/Duty Officer				
2.	[] Notify medical				
3.	[] Notify Mental Health (MH) during working hours, if MH Offender				
4.	[] Notify control to call the MH duty officer, if MH Offender				
5.	[] If restraints are being used, also notify control to call the MH director/designee, if the Offender is MH				
6.	[] Issue Restraint Chair Form				
7.	[] Supervisor check completed forms				
NOTE 1.					
2.	If the offender is a mental health offender, get the crisis under control and contact mental health immediately.				
۷.	If the Restraint Chair status is continued beyond the initial 2- hour "cooling off period," the following approval is required:				
	a. Warden/Superintendent or designee or duty officerb. Qualified Health Care Official				
	c. Regional Director (if, more than 8-hours)				
COMMENTS:					
СНЕС	CKLIST COMPLETED BY:				

RESTRAINT CHAIR AUTHORIZATION FORM ORDER

OFFENDER'S NAME:	DATE:	/TIME:				
I.D. #: RESTRAINT CHAIR []	RESTRAINTS []					
TYPE OF RESTRAINTS: HANDCUFFS []		5-POINTS []				
REASON FOR USE OF THE RESTRAINT C						
ORDER ISSUED BY: DAT	TE: / / TIME:					
8-HOUR COOLING OFF PERIOD						
APPROVED [] DISAPPROVED [] WARDEN/DESIGNEE		DATE:/				
APPROVED [] DISAPPROVED [] MEDICAL		DATE:/				
2-HOUR RENEWAL ORDER - BEGINS AFTER THE FIRST 2 HOURS:						
DATE:/ WARDEN/DESIGNEE	MEDICAL	(MH DIRECTOR/DESIGNEE, IF MH)				
DATE:/ WARDEN/DESIGNEE	MEDICAL	(MH DIRECTOR/DESIGNEE, IF MH)				
DATE:/_ WARDEN/DESIGNEE	MEDICAL	(MH DIRECTOR/DESIGNEE, IF MH)				
RESTRAINT CHAIR ORDER AMENDED []		RESTRAINTS ORDER AMENDED []				
AMENDED TO:						
BY:		DATE:/ TIME:				
ADDITIONAL AMENDMENT []						
BY:		DATE: <u>//</u> TIME:				
1ST SHIFT SUPERVISOR	REVIEWED BY:					
2ND SHIFT SUPERVISOR						
3RD SHIFT SUPERVISOR		DATE:/ TIME:				

Retention Schedule: Upon completion, this form shall be retained in the offender's institutional file and retained according to the official retention schedule for that file.

RESTRAINT CHAIR AUTHORIZATION FORM REVIEW FOR RELEASE

OFFENDER'S NAME:	I.D. #:	RACE:	
LOCATION OF RESTRAINT CHAIR/R	ESTRAINTS: BUILDING:	CELL:	
RESTRAINT CHAIR [] RELEASED BY	:	TITLE:	
DATE:	// TIME:		
RESTRAINTS [] RELEASED BY:	TITLE:	:	
DATE:	TIME:		
OFFENDER'S BEHAVIOR AT TIME O	F RELEASE	[] STRIPPED CELL	[] RESTRAINTS
STRIPPED CELL:			
RESTRAINTS:		-	
MEDICAL NOTIFIED [] WHO NOTIFIED (RESTRAINT CHAIR) DATE://			
MEDICAL NOTIFIED [] WHO NOTIFIED (RESTRAINTS) DATE://TIN	ED:		
RECOMMENDATIONS:			
RESTRAINT CHAIR [] APPROVED [] I	DISAPPROVED DATE:	RELEASE	
WARDEN/DESI			
RESTRAINTS [] APPROVED [] DISAPI RELEASE WARDEN	PROVED I/DESIGNEE/D.O.	DATE:	
COMMENTS:			