

RESTRAINT CHAIR AUTHORIZATION FORM  
SHIFT SUPERVISOR CHECKLIST

Offender's Name: \_\_\_\_\_ I.D. #: \_\_\_\_\_

Date: / / Time: (Exact Military Time)

**PROCEDURE:**

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

**NOTES:**

1. If the offender is a mental health offender, get the crisis under control and contact mental health immediately.
2. 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 officer
  - b. Qualified Health Care Official
  - c. Regional Director (if, more than 8-hours)

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

**CHECKLIST COMPLETED BY:** \_\_\_\_\_ / / \_\_\_\_\_  
NAME DATE



RESTRAINT CHAIR AUTHORIZATION FORM  
REVIEW FOR RELEASE

OFFENDER'S NAME: _____ I.D. #: _____ RACE: _____		
LOCATION OF RESTRAINT CHAIR/RESTRAINTS: BUILDING: _____ CELL: _____		
RESTRAINT CHAIR <input type="checkbox"/> RELEASED BY: _____ TITLE: _____		
DATE: ___/___/___ TIME: _____		
RESTRAINTS <input type="checkbox"/> RELEASED BY: _____ TITLE: _____		
DATE: ___/___/___ TIME: _____		
OFFENDER'S BEHAVIOR AT TIME OF RELEASE	<input type="checkbox"/> STRIPPED CELL	<input type="checkbox"/> RESTRAINTS
STRIPPED CELL: _____		
RESTRAINTS: _____		
MEDICAL NOTIFIED <input type="checkbox"/> WHO NOTIFIED: _____		
(RESTRAINT CHAIR)		
DATE: ___/___/___ TIME: _____		
MEDICAL NOTIFIED <input type="checkbox"/> WHO NOTIFIED: _____		
(RESTRAINTS)		
DATE: ___/___/___ TIME: _____		
RECOMMENDATIONS: _____		
_____		
_____		
RESTRAINT CHAIR <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED _____ RELEASE		
DATE: _____		
WARDEN/DESIGNEE/D.O.		
RESTRAINTS <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED _____ DATE: _____		
RELEASE WARDEN/DESIGNEE/D.O.		
COMMENTS: _____		
_____		
_____		
_____		