Inmate/Probationer Name: I.D. #:

Date: / / Time: (Exact Military Time)

PROCEDURE:

1. [ ] Notify supervisor

2. [ ] Notify medical

3. [ ] Notify Mental Health during working hours, if Mental Health inmate/probationer

4. [ ] Notify control to call the MH duty officer, if Mental Health inmate/probationer

5. [ ] If restraints are being used, also notify control to call the MH director/designee, if Mental Health inmate/probationer

6. [ ] Notify Warden/Duty Officer when directed by supervisor/duty officer

7. [ ] Issue Stripped Cell/Restraints Forms

8. [ ] Supervisor check completed forms

NOTES:

1. If the inmate/probationer is a mental health inmate/probationer, get the crisis under control and contact mental health immediately.

2. If the stripped-cell status is continued beyond the 8-hour "cooling off period," the following approval is required:

   a. Warden/designee or duty officer
   b. Senior medical staff on duty
   c. Daily written authorization from the Warden/designee for continued confinement

3. Notify the warden **anytime** an inmate/probationer is placed in 4-point or 5-point restraints.

COMMENTS:_____

_____

CHECKLIST COMPLETED BY: _____ ___/___/___
NAME DATE

INMATE/PROBATIONER NAME:_____ **DATE:**____/____/____
TIME:_____

I.D. #: **STRIPPED CELL** [ ] **RESTRAINTS** [ ]

TYPE OF RESTRAINTS: **HANDCUFFS** [ ] **LEG IRONS** [ ] **5-POINTS** [ ]

REASON:_____

_____

_____

_____

_____

ORDER ISSUED BY: **DATE: / / TIME:**

8-HOUR COOLING OFF PERIOD

APPROVED [ ] DISAPPROVED [ ] _____ DATE:____/____/____
WARDEN/DESIGNEE

APPROVED [ ] DISAPPROVED [ ] _____ DATE:____/____/____
MEDICAL

24-HOUR DAILY RENEWAL ORDER - BEGINS AFTER THE FIRST 8 HOURS:_____

DATE:___/___ _____ _____ _____ (MH DIRECTOR/DESIGNEE, IF MH)
WARDEN/DESIGNEE MEDICAL

DATE:___/___ _____ _____ _____ (MH DIRECTOR/DESIGNEE, IF MH)
WARDEN/DESIGNEE MEDICAL

DATE:___/___ _____ _____ _____ (MH DIRECTOR/DESIGNEE, IF MH)
WARDEN/DESIGNEE MEDICAL

STRIPPED CELL ORDER AMENDED [ ] RESTRAINTS ORDER AMENDED [ ]

AMENDED TO:_____

BY:_____ DATE:___/___/___ TIME:_____

ADDITIONAL AMENDMENT [ ] _____

BY: DATE: / / TIME:

REVIEWED BY:

1ST SHIFT SUPERVISOR_____ DATE:___/___/___ TIME:_____

2ND SHIFT SUPERVISOR_____ DATE:___/___/___ TIME:_____

3RD SHIFT SUPERVISOR DATE: / / TIME:

INMATE/PROBATIONER NAME:_____ I.D. #:_____
RACE:_____

LOCATION OF STRIPPED CELL/RESTRAINT: BUILDING: CELL:

STRIPPED CELL [ ] RELEASED BY:_____TITLE:_____
DATE:____/____/____ TIME:_____

RESTRAINTS [ ] RELEASED BY:_____TITLE:_____
DATE: / / TIME:

INMATE/PROBATIONER'S BEHAVIOR AT TIME OF RELEASE [ ] STRIPPED CELL[ ] RES

STRIPPED CELL:_____

RESTRAINTS:

MEDICAL NOTIFIED (STRIPPED CELL) [ ] WHO NOTIFIED:_____
DATE:____/____/____ TIME:_____

MEDICAL NOTIFIED RESTRAINTS [ ] WHO NOTIFIED:_____
DATE: / / TIME:

RECOMMENDATIONS:_____

_____

_____

RESTRAINTS [ ] APPROVED [ ] DISAPPROVED _____DATE:_____
RELEASE WARDEN/DESIGNEE/D.O

STRIP CELL [ ] APPROVED [ ] DISAPPROVED _____DATE:_____
RELEASE WARDEN/DESIGNEE/D.O

COMMENTS:_____

_____

_____

_____

Retention Schedule: Upon completion, this form will be retained in the Inmate/Probationer case history file.