

**REPORT OF APPLICATION OF  
RESTRAINTS TO A PREGNANT INMATE**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Restraints were placed on \_\_\_\_\_  
Inmate Name and ODOC Number

Restraints Applied: \_\_\_\_\_ Handcuffs (front only) \_\_\_\_\_ Belly Chain \_\_\_\_\_ California Cuffs

Restraints were needed for the following reason(s): \_\_\_\_\_ To prevent self-injury \_\_\_\_\_ Documented escape risk  
\_\_\_\_\_ To prevent injury to others \_\_\_\_\_ To prevent injury to unborn child

Describe the specific behavior(s) that warranted the application of restraints:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Restraints Applied by: \_\_\_\_\_  
Name/Title

on \_\_\_\_\_  
Date/Time

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Post Application of Restraints

Restraints removed by: \_\_\_\_\_  
Name/Title

at \_\_\_\_\_  
Date/Time

Medical Assessment conducted by: \_\_\_\_\_  
Name/Title

on \_\_\_\_\_  
Date/Time

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The completion of this form becomes a reportable incident with an Attachment H being submitted according to OP-050108.

Original: Facility Head  
Copy: Inmate Medical Record

DOC050108A (R 10/21)