

CUSTODY CONTROL BELT DOCUMENTATION

This form is to be completed each time a custody control belt is applied to an inmate.

INSTITUTION:	DATE:
Purpose of Trip	Method of Transportation
<input type="checkbox"/> Emergency Medical <input type="checkbox"/> Non-Emergency Medical <input type="checkbox"/> Transfer <input type="checkbox"/> Court Appearance <input type="checkbox"/> Other	<input type="checkbox"/> Automobile <input type="checkbox"/> Ambulance <input type="checkbox"/> Van <input type="checkbox"/> Aircraft <input type="checkbox"/> Other
Inmate's Name & DOC Number:	
Officer In Charge:	
Belt Number:	
Receiver Number:	
Transmitter Number:	
Last Date Battery Charged:	
Last Date Receiver Charged:	
Last Date Stun Pack was Charged:	
Unit Tested (Prior to Application):	25 Feet <input type="checkbox"/> Yes <input type="checkbox"/> No

Letter from Medical: Review of the Inmate's Jacket:	Yes/No	Staff Initials: _____
Certificate on File of Control Officer:	Yes/No	Staff Initials: _____
Approval Obtained from Chief Administrator of Institutions:	Yes/No	Staff Initials: _____
Picture of Inmate before Application of Belt:	Yes/No	Staff Initials: _____
Picture of Inmate after Administration of Belt:	Yes/No	Staff Initials: _____

Reason Inmate is Considered High Risk: _____

Amount of Force Necessary to Place Belt on Offender:

- None
- Visible Display Prior to Application
- Physical Restraint Assistance Required (Use of Force Documentation Required)

Use of Belt (Check One) **Activation Not Required** **Activation Required**

Number of Activations (If Applicable): _____

Reason for Activating Belt: _____

Effects: _____

Complaints from Inmate: _____

User Remarks: _____

Date

Staff Member Activating Belt

Signature