

**OKLAHOMA DEPARTMENT OF CORRECTIONS
PHYSICAL RESTRAINT LOG**

Inmate Name: _____ ODOC Number: _____ Facility: _____

Authorized By: _____ Date: _____

Type of Restraints Applied: _____

Current Medication(s): _____

OBSERVATION CODES

- | | | | |
|--------------|-------------|-------------------------|-----------|
| 1. AWAKE | 4. QUIET | 7. DELIBERATE SELF-HARM | 10. ANGRY |
| 2. SLEEPING | 5. CRYING | 8. SAD | 11. HAPPY |
| 3. TALKATIVE | 6. AGITATED | 9. ANXIOUS/NERVOUS | |

Time	Int.	Code	Comments	Time	Int.	Code	Comments

Signature/Title	Initials	Signature/Title	Initials	Signature/Title	Initials