Transport Call Log

Fields marked with an asterisk (*) are required.

Date *

mm/dd/yyyy

Facility *

- ◯ AGCC
- ◯ BJCC
- ◯ CWCCC
- ◯ DCCC
- ◯ ECCC
- ◯ EWCC
- ◯ GPCC
- ◯ HMCC
- ◯ JBCC
- ◯ JCCC
- ◯ JDCC
- ◯ JEHCC
- ◯ JHCC
- ◯ JLCC
- ◯ LCCC
- ◯ LARC
- ◯ MBCC
- ◯ MACC
- ◯ NOCCC
- ◯ OSP
- ◯ OSR
- ◯ UCCCC
- ◯ LCRF
- ◯ MSU
- ◯ CTU
- ◯ P&P
- ◯ OIG
- ◯ Administration Officer
- ◯ C&M

Staff Name(s) *

Call Back Number

+1

Transport Type

- ☐ Hospital
- ☐ Emergency via Ambulance
- ☐ Emergency via Helicopter
- ☐ Medical Appointment
- ☐ Court
- ☐ Hospital Relief
- ☐ Return to Facility
- ☐ Inmate Facility Transfer
- ☐ Inmate Discharge
- ☐ Funeral/Body View
- ☐ CTU
- ☐ Work Crew
- ☐ Home Visit
- ☐ Other (add information in comments)

Transport Destination *

Name of the location you are traveling to.

Vehicle Number *

The ODOC vehicle identification number

Number of Inmates *

How many inmates are you transporting?

Inmate(s) Name and Number *

List all inmate names and ODOC numbers.

Departure Time *

What time are you leaving the facility/unit

Starting Mileage *

Starting mileage of the vehicle

#

Estimated Time of Arrival *

What is your estimated time of arrival?

Comments

List any additional or pertinent information

Send me a copy of my responses

Submit