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

Post Application of Restraints

Restraints removed by: __________________________________________ Name/Title

at ___________________________ Date/Time

Medical Assessment conducted by: __________________________________________ Name/Title

on ___________________________ Date/Time

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)