

## CUSTODY CONTROL BELT DOCUMENTATION

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

<b>INSTITUTION:</b>	<b>DATE:</b>
<b>Purpose of Trip</b>	<b>Method of Transportation</b>
<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):	<b>25 Feet</b> <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 Regional Office:	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: \_\_\_\_\_

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\_\_\_\_\_

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):

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Reason for Activating Belt:

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Effects:

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Complaints from Inmate:

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User Remarks:

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Date

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Staff Member Activating Belt

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Signature

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