

CUSTODY CONTROL BELT DOCUMENTATION

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

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
Offender'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 Offender's Jacket: Yes/No Staff Initials: _____

Certificate on File of Control Officer: Yes/No Staff Initials: _____

Approval Obtained from Division Office: Yes/No Staff Initials: _____

Picture of Offender before Application of Belt: Yes/No Staff Initials: _____

Picture of Offender after Administration of Belt: Yes/No Staff Initials: _____

Reason Offender 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 Offender:

User Remarks:

Date

Staff Member Activating Belt

Signature
