

**RUSSELLVILLE POLICE DEPARTMENT
RESTRAINT CHAIR FORM**

Inmate Name _____ CH# _____

Supervisor _____ Badge # _____

OIC Notified _____ Time _____

Reason for Restraint Chair Use _____

Date _____ Date and Time of Incident _____

Employee Monitoring Inmate _____

Time Placed In Chair _____ Time Out _____
(Time in chair will not exceed 2 hours)

Name(s) of Officer(s) _____

Signed _____

Additional documents attached

