RUSSELLVILLE POLICE DEPARTMENT RESTRAINT CHAIR FORM

| Inmate Name | CH# |
|---|-------------------------------|
| Supervisor | _ Badge # |
| OIC Notified | Time |
| Reason for Restraint Chair Use | |
| | |
| | |
| | |
| | |
| Date Date and Time of Incide | ent |
| 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 |

RUSSELLVILLE POLICE DEPARTMENT RESTRAINT CHAIR FORM

Statement of Incident

| Statement of | | | |
|--------------|-------------|---------------|-------------------|
| Written by | | | |
| Date | Time | <u> </u> | |
| | <u>Narr</u> | <u>ative</u> | |
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| Signed | | Additional de | ocuments attached |