



# Florida Department of Corrections Escort Chair Inmate Observation Log Correctional Institution

Security  
Operations

### INMATE INFORMATION:

Name: \_\_\_\_\_ DC#: \_\_\_\_\_ Date: \_\_\_\_\_

Location of Inmate When Placed In Chair (Housing Unit & Cell #): \_\_\_\_\_

Date/Time Placed In Chair: \_\_\_\_\_ Date/Time Released From Chair: \_\_\_\_\_

Location of Inmate When Released From Chair (Housing Unit & Cell #): \_\_\_\_\_

Destination & Reason for Escort: \_\_\_\_\_ Resistance Offered: YES / NO

### CIRCUMSTANCES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### INVOLVED STAFF: (PRINT NAME/RANK)

Duty Warden Authorizing: \_\_\_\_\_ Shift Supervisor Present: \_\_\_\_\_

Camera Operator: \_\_\_\_\_ Medical Staff Present: \_\_\_\_\_

Staff Placing Inmate In Chair: \_\_\_\_\_ Staff Placing Inmate In Chair: \_\_\_\_\_

Escorting Staff: \_\_\_\_\_ Escorting Staff: \_\_\_\_\_

Staff Releasing Inmate From Chair: \_\_\_\_\_ Staff Releasing Inmate From Chair: \_\_\_\_\_

### CHECKS: (EVERY 15 MINUTES)

#### SECURITY

Time	Initials	Time	Initials	Time	Initials	Time	Initials	Time	Initials

Comments/Issues: \_\_\_\_\_

#### MEDICAL

Time	Initials	Time	Initials	Time	Initials	Time	Initials	Time	Initials

Comments/Issues: \_\_\_\_\_

### SIGNATURES: (PRINT NAME & SIGNATURE)

Day Shift

Night Shift

Day Shift Officer: \_\_\_\_\_

Day Shift Supervisor: \_\_\_\_\_

Medical Staff: \_\_\_\_\_

Night Shift Officer: \_\_\_\_\_

Night Shift Supervisor: \_\_\_\_\_

Medical Staff: \_\_\_\_\_