

**FLORIDA DEPARTMENT OF CORRECTIONS  
(INSTITUTION)**

**REPORT OF FORCE USED**

Use of Force #: \_\_\_\_\_

Institution/Office: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Inmate Name: \_\_\_\_\_ Inmate DC Number: \_\_\_\_\_

Type of Force Used: Chemical:  Physical:

Type of Reaction: Reactionary:  Organized:

Type of Video: Fixed Wing:  Handheld:  Date and Time on Camera: \_\_\_\_\_

**I. REPORT OF PERSON(S) USING FORCE -**

**IA. Narrative of Pre- Event**

Inmate Initially counseled by: \_\_\_\_\_ Time: \_\_\_\_\_ Results: \_\_\_\_\_

Risk Assessment Review by: \_\_\_\_\_ Time: \_\_\_\_\_

Organized Intervention requested by: \_\_\_\_\_ From: \_\_\_\_\_ Time: \_\_\_\_\_

Type of approved intervention: OC:  CS:  FCE:  MR:  Other: \_\_\_\_\_

Camera Operator (Rank and Full Name): \_\_\_\_\_

Lead in statement by OIC (Rank and Full Name): \_\_\_\_\_

De-escalation was conducted by (Rank and Full Name): \_\_\_\_\_ Time: \_\_\_\_\_

Final Order given by (Rank and Full Name): \_\_\_\_\_ Time: \_\_\_\_\_

Order advised "If disruptive behavior continues, chemical agents will be administered."

Chemical agents obtained by: \_\_\_\_\_ Time: \_\_\_\_\_ Weight Out in Grams: \_\_\_\_\_

From: \_\_\_\_\_

Inmate behavior: Comply:  Disruptive:  Time: \_\_\_\_\_ Time disruptive again: \_\_\_\_\_

**IB. Narrative of Event:**

Staff Administering CA(Full Name and Rank): \_\_\_\_\_ Certification Exp.: \_\_\_\_\_

Chemical Agent Canister Size: \_\_\_\_\_ Make: \_\_\_\_\_

First Application of CA: Time: \_\_\_\_\_ Type: \_\_\_\_\_ Amount in Grams: \_\_\_\_\_

Second Application of CA: Time: \_\_\_\_\_ Type: \_\_\_\_\_ Amount in Grams: \_\_\_\_\_

Inmate behavior: Compliant:  Non-compliant:  Time: \_\_\_\_\_

Additional intervention requested by: \_\_\_\_\_

Approved by: \_\_\_\_\_ Type of Additional Intervention: \_\_\_\_\_

Forced Cell Extraction: Time: \_\_\_\_\_ Additional CA Time: \_\_\_\_\_ Amount in Grams: \_\_\_\_\_

**Additional CA Intervention after Third Application (minimum of one hour from last application):**

**(Start a second Use of Force as a continuation if additional CA is administered.)**

**IC. Post Event**

Inmate compliant time: \_\_\_\_\_ Showered time: \_\_\_\_\_ Medical Evaluation Time: \_\_\_\_\_

If Inmate refused shower, counseled by: \_\_\_\_\_ Medical Staff: \_\_\_\_\_

Staff offering shower every 30 minutes Name: \_\_\_\_\_

up to 2 hours after final exposure: Time: \_\_\_\_\_ Time: \_\_\_\_\_ Time: \_\_\_\_\_ Time: \_\_\_\_\_

Time Inmate issued clean clothing: \_\_\_\_\_ Time placed in secure decontaminated cell: \_\_\_\_\_  
 Inmate monitored for 45-60 minutes for respiratory distress by: \_\_\_\_\_  
 CA ending weight in Grams: \_\_\_\_\_ Weighed by: \_\_\_\_\_ Time: \_\_\_\_\_  
 Inmate injuries: Yes:  No:  Injury Type: \_\_\_\_\_  
 Staff injuries: Yes:  No:  Injury Type: \_\_\_\_\_  
 Outside Medical Treatment: Yes:  No:  Time: \_\_\_\_\_

**Additional Comments:**

Witnesses: \_\_\_\_\_ Witnesses: \_\_\_\_\_  
 Witnesses: \_\_\_\_\_ Witnesses: \_\_\_\_\_  
 Witnesses: \_\_\_\_\_ Witnesses: \_\_\_\_\_

Subject Inmate  accepted (DC6-112C attached)  declined to make a statement.  
 If other Witnesses choose to make a statement, attach the appropriate DC6-112C.  
 Total number of DC6-112C attached to report: \_\_\_\_\_

I agree that the Narrative above accurately reflects my reason(s) for authorizing staff to use force.

Duty Warden: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name and Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Rank and Name of Reporting Officer

I have read Section I of this report in its entirety. The contents of this report are true and accurate as written to the best of my knowledge. I have been given the opportunity to make additional comments if needed. (Check "See Attachment" below if you disagree with Section I.) Attach your additional comments to this report. Each UOF Participant must sign below.

Participant: \_\_\_\_\_ Agree with Section I: \_\_\_\_\_ See Attachment: \_\_\_\_\_  
 Participant: \_\_\_\_\_ Agree with Section I: \_\_\_\_\_ See Attachment: \_\_\_\_\_  
 Participant: \_\_\_\_\_ Agree with Section I: \_\_\_\_\_ See Attachment: \_\_\_\_\_  
 Participant: \_\_\_\_\_ Agree with Section I: \_\_\_\_\_ See Attachment: \_\_\_\_\_

Use additional Sheets if necessary for Participants:

**II. WARDEN'S REVIEW**

I have reviewed the above report, attachments and videos (if applicable).  
 This report appears to be \_\_\_\_\_ / not to be \_\_\_\_\_ in compliance with rules governing Use of Force found in Rule 33-602.210, F.A.C.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Warden

**III. INSPECTOR GENERAL'S REVIEW**

Complies with Rules and Procedures  Does not comply with Rules and Procedures

(Reason for Non-Compliance): \_\_\_\_\_

Signature OIG UOF Unit: \_\_\_\_\_ Date: \_\_\_\_\_

- Abbreviations Key**
- CA - Chemical Agents
  - CN - Cloroacetophene
  - CS - Orthochlorobenzal Malononitrile or Orthochlorobenzylidene Malononitrile
  - FCE - Forced Cell Extraction
  - MR - Medical Restraints
  - OIC - Officer in Charge
  - OIG - Office of the Inspector General
  - OC - Oleoresin Capsicum (Pepper Spray)
  - UOF - Use of Force

Received in UOF Unit