

**STATE OF 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): _____

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: _____

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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 SOLEMNLY SWEAR OR AFFIRM THAT THE ABOVE REPORT IS TRUE AND ACCURATE AS WRITTEN, THE WHOLE TRUTH, AND NOTHING BUT THE TRUTH, TO THE BEST OF MY KNOWLEDGE.

Full Name and Signature: _____ Date: _____
Rank and Name of Reporting Officer

I have read Section I of this report in its entirety, I solemnly swear or affirm that 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