



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: _____