



CHEMICAL AGENT DEPLOYMENT FORM

Date: _____

Time: _____ a.m. p.m.

Type of Chemical: _____

Person used on: _____ SID #: _____

Correctional Objective: _____

Staff applying chemical: _____

Method deployed: _____

Warning given: Yes No

Amount deployed: _____

Recorded results: _____

Disposition of canister: _____ Empty Partial
(Hot Trash) (Training)

Inventory Adjusted: Yes No

Inmate observed first 10 minutes and every 10 minutes for the first 30 minutes:

1st Observation by: _____

2nd Check by: _____

3rd Check by: _____

Medical assessment by: _____

Time: _____ a.m. p.m.

Inmate allowed to flush eyes: Time: _____ a.m. p.m. Staff Initials _____

Inmate allowed wet and dry towels: Time: _____ a.m. p.m. Staff Initials _____

Inmate placed in open air area: Time: _____ a.m. p.m. Staff Initials _____

Inmate allowed to shower: Time: _____ a.m. p.m. Staff Initials _____

Inmate afforded clean clothes: Time: _____ a.m. p.m. Staff Initials _____

Decontamination of housing area: Time: _____ a.m. p.m. Staff Initials _____

Submitted by: _____

Print Name

Signature

Reviewing Authority (OIC): _____

Print Name

Signature

Date