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 (Hot Trash) ☐ Partial (Training)
Inventory Adjusted: ☐ Yes ☐ No
Decontamination Steps: _________________________________________________________
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 wash: Time: _____ ☐ a.m. ☐ p.m.
Inmate afforded clean clothes: Time: _____ ☐ a.m. ☐ p.m.
Decontaminated housing: Time: _____ ☐ a.m. ☐ p.m.
Submitted by: _________________________________________________________________
Reviewing authority (OIC): _____________________________________________________