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

Inventory Adjusted: ☐ Yes ☐ No

(Hot Trash) (Training)

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

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