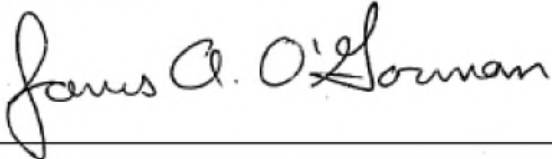
 <p><b>Corrections and Community Supervision</b></p> <p><b>DIRECTIVE</b></p>	<p>TITLE</p> <p><b>Unusual Incident Report</b></p>		<p>NO. 4004</p>
			<p>DATE 09/04/2020</p>
<p>SUPERSEDES</p> <p>DIR #4004 Dtd. 04/11/19</p>	<p>DISTRIBUTION</p> <p>A</p>	<p>PAGES</p> <p>PAGE 1 OF 18</p>	<p>DATE LAST REVISED</p>
<p>REFERENCES (Include but are not limited to)</p> <p>ACA Expected Practices 5-ACI-3A-31, 5-ACI-3B-14, 5-ACI-6C-14, 4-APPFS-3F-01, 4-APPFS-3G-01, 4-APPFS-3G-02, 2-CI-1A-6, 1-ABC-3A-27, 1-ABC-3D-06-7; Directives #2111, #2948, #3090, #4008, #4013, #4027B, #4028B, #4060, #4902, #4910</p>		<p>APPROVING AUTHORITY</p> 	

**I. DESCRIPTION:** This directive sets forth specifications for reporting unusual incidents (including those involving use of chemical agents, use of force, and contraband) and mandates use of the Department's automated Unusual Incident Reporting System (UIRS).

## **II. DEFINITIONS**

- A. **Unusual Incident:** A serious occurrence that (1) may impact upon or disrupt facility operations, or (2) has the potential for affecting the Department's public image, or (3) might arouse widespread public interest.

In general, any incident shall be reportable under the provisions of this directive which (1) satisfies the definition (above) of "unusual incident," or (2) involves use of chemical agents, or (3) involves staff use of a weapon, or (4) results in moderate or serious injury to any inmate/parolee or staff. Attachment A, "Appendix A - Categories of Unusual Incidents," provides more specific information on reporting requirements for the various incident categories. Questions on reportability should be discussed with the Communications Control Center (CCC).

Other significant events, not classifiable as "unusual incidents," should be brought to the attention of the Watch Commander per Directive #4008, "Watch Commander's Log."

- B. **Unusual Incident Reporting System (UIRS):** The automated (computerized) unusual incident data reporting and information system.

## **III. POLICY**

- A. Each Facility/Community Supervision office shall report to the CCC all occurrences which satisfy the definition of an "unusual incident" using the Department's computerized UIRS.
- B. All reports shall be entered initially through the "preliminary telephone report" procedures (via UIRS terminal and actual telephone call). "Supplemental reports" shall be entered as necessary. All reports shall meet the content and time frame specifications set forth in this directive.
- C. Reports shall be entered by staff designated by the Superintendent/Regional Director. The "Unusual Incident Reporting System (UIRS) Manual" shall be consulted as the reference for data entry, terminal usage, and report printing. The UIRS Manual and updates are available via Outlook through the facility Superintendent/Regional Director. Each Superintendent/Regional Director will ensure that appropriate staff have current copies of the UIRS Manual.

#### IV. PROCEDURES

- A. Report Contents: In general the individual reporting an unusual incident must be prepared to address the following types of information as applicable:

- Incident Identifiers
- Identities of Individuals Involved
- Description of the Incident
- Threats to Security
- Medical Attention Required
- Outside Assistance Required
- Notifications Made

Detailed definitions of the incident categories and specific information reporting requirements are set forth in Attachment A and the UIRS Manual.

- B. Preliminary Telephone Report

1. Initial telephone reports must be made within the following time frames:

<u>Category</u>	<u>Reporting Time</u>
1. Accident	Within one Hour
2. Assault	Within 30 Minutes
3. Contraband	Within one Hour
4. Death	Immediately
5. Disruptive Behavior	Within one Hour
6. Disruption of Facility Services	Immediately
7. Employee Misconduct	Within one Hour of Facility/Region Being Notified
8. Escape	Immediately
9. Escape Attempt	Immediately
10. Fire	Within 30 Minutes
11. Hostage Situation	Immediately
12. Inmate Disturbance	Immediately
13. Inmate Mass Demonstration	Immediately
14. Property Destroyed	Within one Hour
15. Property Lost or Stolen	Within one Hour
16. Self Inflicted Injury	Within one Hour
17. Sexual Misconduct	Within one Hour
18. Suicide Attempt	Within one Hour
19. Temporary Release Related	Within one Hour of Facility Being Notified, or When an Inmate is Declared an Absconder.
20. Weapon Use by Staff	Immediately
21. Employee Job Action/Demonstration	Immediately
22. Other	Within one Hour



2. The preliminary telephone report is first entered by the designated reporter at the facility/office UIRS terminal. The reporter should consult the UIRS Manual and Attachment A of this directive for guidance, detailed definitions of incident categories, specific information reporting requirements, and for the listings of codes required for data entry. After completion of the preliminary report screens, the reporter shall telephone the CCC, informing the on-duty Captain that the Unusual Incident Report has been completed.

NOTE: In categories where reporting time (B-1 above) is "immediately," the person reporting must call the CCC prior to completing preliminary report screens and advise the CCC of the situation. Then, they should proceed to enter data on these screens.

3. Upon receipt of the telephone call, the CCC Captain will access the report entered through the FUI0, UIRS, and review any details as necessary with the reporter. Upon acceptance by the CCC Captain, a CCC Log Number will automatically be assigned.
4. In the event that the CCC Captain determines that the event does not satisfy the definition of a reportable incident, it will not receive a log number and will be removed from the system.

C. Final Unusual Incident Report

1. The reporter enters the final report into the UIRS by completing a series of screens. The initial entry on the final report will be automatically seeded by the previous preliminary telephone report. The reporter fills in the blanks and the system will supply corresponding descriptions for verification. Again, the reporter should consult the UIRS Manual and Attachment A of this directive for code listings.
2. Narrative entries: Most of the screens will require some narrative entries. These must be descriptive but concise, identify all activities, sequences and parties involved, and respond to the "supplemental/clarifying information" questions found in Attachment A, adjacent to each category definition.
3. At all facilities/Regional Offices, an electronic review/signature process has been implemented. Once electronically approved by the Superintendent/Regional Director using an approved Guidance and Counseling (GNC) code, the final Unusual Incident Report will print in Central Office for review and filing.
4. Upon receipt of the report, the Correctional Facility Operations Specialist (CFOS) responsible will review the report to ensure that it satisfies the definition of a reportable incident. If not, it will be disapproved and made unavailable.

NOTE: The Unusual Incident Report is not a substitute for reports required for other occurrences. These other reports must be completed and submitted even when an incident requires the submission of an Unusual Incident Report.

- D. Supplemental Report: If new information comes to light after a final report has been approved by Central Office, a Supplemental Unusual Incident Report must be prepared. The reporter again completes a series of screens in the UIRS, and delivers the printed report to the Superintendent/Regional Director for review and electronic signature. Once approved, the Supplemental Unusual Incident Report will print in Central Office for review and filing.



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**E. Supporting Documentation**

1. The individual responsible for preparation of the Unusual Incident Report shall collect and attach to it any additional reports, photographs, and statements which are absolutely necessary to clarify the incident. These may include:
  - a. A statement of witnesses and medical, police, and fire reports; and/or
  - b. A copy of Autopsy Report and/or Certificate of Death when appropriate.
2. These additional reports and attachments shall be filed with the facility/Community Supervision office copy for reference unless otherwise authorized.

NOTE: All blood and body fluid clean up and decontamination in relation to an incident shall be accomplished in accordance with Section VIII of the General Housekeeping Manual, "Blood and Body Fluid Spills - Decontamination Procedures," which includes the completion, by supervising staff, of [Form #3090A](#), "Blood and Body Fluid Spills – Decontamination Form," for inclusion in the incident packet.

**F. Unusual Incident Logbooks**

1. The Watch Commander/Bureau Chief will be responsible for maintaining an unusual incident log in a bound and numbered logbook.
2. The log shall contain, at a minimum, the following information:
  - a. Date and time of incident;
  - b. Facility Unusual Incident (UI) number;
  - c. The CCC log number; and
  - d. A brief description of the incident to include the location of the incident, names of inmate(s) and/or staff involved, and whether force was used.
3. The UI number will be composed of six digits: the first two representing the year and the following four numbering the incidents in consecutive order. For example, a UI number of 01-0001 would indicate the first incident recorded in the year 2001. This number will automatically be assigned by the UIRS.

NOTE: In the event an unusual incident is denied by the CCC Captain or Facility Operations, a notation will be made in the Unusual Incident Log indicating the name and title of the person who denied it and the date of the denial. The original log number will not be reassigned.

**G. Unusual Incident Summaries**

1. The UIRS allows users to request summaries of Unusual Incident Reports.
2. The UIRS will print a weekly list of overdue unusual incidents at each facility Superintendent's Office, Regional Director's Office, and Central Office.



## APPENDIX A – CATEGORIES OF UNUSUAL INCIDENTS

Category Definition Reporting Time	Example	Supplemental Clarifying Information
1. <u>Accident</u> : within one hour. Moderate or serious injury or substantial property damage (+2,500) resulting from an unexpected occurrence with no indication of direct intentional involvement of the victim or any other individual.	Any accidental injury (e.g., slipping, falling, being burned, hit, cut, etc.) to an employee on duty or inmate requiring medical attention outside of facility or of serious nature. Vehicle collision involving State vehicles. Damage to employee vehicles on State property. Traffic accidents between employee vehicles on State property where no moderate injury is incurred and outside police agency investigates, need not be reported here. Industrial accidents and incidents where employees or inmates are overcome by toxic fumes and medical attention is necessary.	Name/number of affected inmate plus any witnesses. Name/title of employee in charge of area. Description and estimate of damage where known. Name of hospital, mode of transport (facility vehicle, ambulance). Specify location of occurrence.
2. <u>Assault</u> : within 30 minutes. Any attack on an inmate, parolee, employee, citizen, volunteer, or visitor that is classified as an assault, resulted in a parolee arrest, or where the attack is by an unknown perpetrator. The attack need not result in injury or in the use of a specific weapon.	Object thrown that strikes victim. An inmate/parolee striking, grabbing, pushing any employee, visitor, or volunteer. All non-consensual sexual misconduct, allegations by inmates that they were assaulted by an unknown inmate(s) where injuries or witness statements indicate an assault occurred. Weapon used by an inmate/parolee during act of misbehavior/crime to harm another person.	Name/number of affected inmate/parolee plus any witnesses. Name/title of employee, visitor, volunteer, citizen, etc. Results of medical exam. Prognosis of victim/life threatening. Weapon used if any. Name of outside hospital/ambulance. Who notified. Location/status of perpetrator and victim after medical treatment.
3. <u>Contraband</u> : within one hour. Any property which is unlawful to possess according to Penal Law or which is prohibited by a facility's rules and regulations. Possession, introduction, or the attempted introduction of such property is considered to be a contraband incident. Body cavity searches and strip frisks which result in finding of contraband are to be included here. The discovery or possession of marijuana, regardless of the amount, will be reported as an Unusual Incident.	Any commercial alcoholic beverage, any manufactured weapon (gun, knife, etc.). Any ammunition, any cash (not minor change), explosive substances, prescribed drugs (1-1), illegal drugs (1-2), hypodermic needle and/or syringe (1-3), homemade weapons (1-4), homemade booze in excess of five gallons.	Describe contraband (if weapon, substance made from and dimensions), where found, circumstances of the find, results of any testing, and exact test used.
1-1 Prescription drugs in excess of distributed amount due to hoarding or drugs not prescribed or issued to holder of drug. 1-2 The weight of all illegal drugs will be recorded in the Unusual Incident Report and the Electronic Contraband Reporting System. Any testable amount which cannot be accurately weighed (trace amount) will be recorded as .001 Grams. 1-3 Perform an in-house field test and Sirchie NARKII on all syringes/needles to identify any narcotic substance residue in the instrument. The results of the test shall be included in the Unusual Incident Report. 1-4 Weapons found during facility frisk will be reported via the Electronic Contraband Reporting Menu in the Unusual Incident Reporting System. (See Directive #4910)		



**APPENDIX A – CATEGORIES OF UNUSUAL INCIDENTS**

<b>Category Definition Reporting Time</b>	<b>Example</b>	<b>Supplemental Clarifying Information</b>
<p>4. <u>Deaths</u>: immediately.</p> <p>Any death of an individual on facility property, of an inmate while in custody of the New York State Department of Corrections and Community Supervision. Any death of a citizen caused by a parolee, or death of a parolee under the supervision of the New York State Department of Corrections and Community Supervision. Any death of an employee off duty under extraordinary circumstances.</p>	<p>Death of staff on duty, death of staff off duty under extraordinary circumstances (e.g., by homicide, suicide, etc.), or death of visitor or volunteer while at the facility. Any death of a citizen caused by a parolee. Any inmate or parolee death; homicide, suicide, natural causes, accidental fires, etc.</p>	<p>Physician pronouncing death. Preliminary cause as listed by physician. Location of death, hospital name, ambulance (if used). Date of admittance to outside hospital, DOCCS RMU, or facility infirmary. Coroner notified. Employee on duty at death site. Chaplain notified. Time next of kin notified. If suicide, provide additional information as indicated in the attempted suicide category (#18). If homicide, identify suspects or assailants and method/weapon.</p>
<p>NOTE: Except for expected deaths in Department of Corrections and Community Supervision Regional Medical Units, a Physician, Physician's Assistant, or Nurse Practitioner is required to pronounce the death of any inmate occurring on facility property. Consult Directive #4013, "Inmate Deaths-Administrative Responsibility."</p>		
<p>5. <u>Disruptive Behavior</u>: within one hour.</p> <p>An incident involving misbehavior by an inmate(s)/parolee(s) which results in either disruption of normal operations or moderate injury to staff or inmate. An incident requiring force to perform a strip frisk on an inmate where no contraband is found. Any cell extraction where physical force is used to remove an inmate from a cell.</p>	<p>An incident that necessitates the closing or canceling of any program or activity. Moderate injury to inmate as result of fight where no assault is charged. Any incident involving five or more inmates fighting.</p>	<p>Number of inmates/parolees involved. Describe cause of disruption, which programs or activities canceled. Reaction of other inmates to disruption.</p>
<p>6. <u>Major Disruption of Facility Services, Utilities</u>: immediately.</p> <p>An incident which the provision or maintenance of required facility services such as heat, light, water, power, sewage is interrupted and results in a serious disruption of facility operations or poses a threat to security and order. This includes all weather-related disruptions, natural disasters, emergencies, or explosions.</p>	<p>Loss of heat to housing units during cold weather. Loss of electricity where backup generators do not provide adequate power. Any loss of water or sewage causing housing unit, medical or food service to shut down. All explosions.</p>	<p>Reason for disruption, extent of disruption (areas affected), estimated duration of the disruption, facility maintenance personnel notified, any outside agency assistance requested, any injuries incurred, all staff and inmates accounted for.</p>
<p>NOTE: Normal testing of a facility generator need not be reported through CCC. Discrepancies found during testing should be directed to Facility Operations during regular work day and CCC during other than regular work hours only.</p>		



**APPENDIX A – CATEGORIES OF UNUSUAL INCIDENTS**

<b>Category Definition Reporting Time</b>	<b>Example</b>	<b>Supplemental Clarifying Information</b>
<p>7. <u>Employee Misconduct</u>: within one hour of facility/region being notified.</p> <p>The arrest of an employee charged with a felony, or any conduct by an employee which is determined to be detrimental to the best interest of the Department. This includes all arrests for Domestic Violence.</p>	<p>Any arrest where employee is charged with a felony, regardless of expected outcome, on or off duty, that may reflect on the Department in an adverse manner regardless of any criminal charges being filed. Deliberate destruction of substantial amount of personal property belonging to an inmate, visitor, or other employee.</p>	<p>Specify charges including penal code numbers, arresting agency, custody status, court date, location of arrest. If a weapon was involved, describe weapon. Personally owned, (pistol permit) or registered with facility (if registered with facility, date of last qualification).</p>
<p>NOTE: Employee misdemeanor arrests are not reported as a UI unless circumstances described above are met. Misdemeanor DWI by itself is not a UI. Directive #2111, "Report of Employee Misconduct," should be followed.</p>		
<p>8. <u>Escape</u>: immediately.</p> <p>Unauthorized departure from confinement or custody by an inmate or parolee. This can occur from a facility, an outside work detail, a vehicle while in transit, or from an outside hospital. This does not include absconders from Temporary Release programs. This could include a parolee escaping from a holding room in a Community Supervision area office, or a parolee escaping from custody during transport.</p>	<p>Where escapee runs from outside detail, hospital, medical trip, etc., but is quickly apprehended by pursuing staff. Use Category 9 Escape Attempt. For Community Supervision, a parolee who is being held in the Area Office for transport to a local jail where he or she will be lodged pending a parole violation, departs from the location without being released from custody or a parolee being transported to a local jail for lodging, runs from staff or departs from the transportation vehicle.</p>	<p>Where escape occurred from. When escapee/s last seen. How escape was accomplished. Employee in charge of escapee at time of escape. Escape plan in effect? Facility Command Post established and who manned by. Number of personnel assigned search operation. Physical description of escapee. What outside police agency notified. Facility count correct. All vehicles accounted for. Name and address of last visitor, date, and time. Names and addresses of visitors. Names and addresses of nearest relatives. Employee injury during escape.</p>
<p>9. <u>Escape Attempt</u>: immediately.</p> <p>An effort to make an unauthorized departure from confinement or custody by an inmate/parolee which falls short of completion. An attempted escape should be based on an overt act designed to achieve an escape. This can occur from a facility, an outside work detail, a vehicle while in transit, an outside hospital, or from any secure area within the facility.</p>	<p>The finding of paraphernalia to possibly be used in escape attempt should be reported as contraband. If it is in the possession of an inmate in the area where the attempt will be made, it will be reported as attempt and contraband.</p>	<p>How attempt was made. Where inmate was found during attempt. When was count verified? Were outside police agencies notified? Was any pursuit detail activated? Information used to abort attempt.</p>



**APPENDIX A – CATEGORIES OF UNUSUAL INCIDENTS**

<b>Category Definition Reporting Time</b>	<b>Example</b>	<b>Supplemental Clarifying Information</b>
<p>10. <u>Fire</u>: within 30 minutes.</p> <p>Any fires deliberate or accidental which result in moderate injuries, property damage in excess of \$150, damage resulting in loss of use of cell or cube, or which necessitates the evacuation of an area. Any fire started by use of incendiary device or quickly spread through use of accelerants.</p>	<p>Fires started by an inmate throwing burning papers on gallery, minor fires in cell or other area not fulfilling requirements set forth in explanation shall be reported on Form #1598 (Directive #4902) and F-40-2 Incident Report (Directive #4060).</p>	<p>Describe any accelerant or incendiary device used. Describe damage and monetary estimate. If outside assistance was used, name of company and how many personnel responded. Medical reports on any injury incurred. Approximate duration if loss of living space occurs. Type and amount of extinguishing agent used.</p>
<p>11. <u>Hostage Situation</u>: immediately.</p> <p>The abduction or restraint of one or more persons where intent is to restrict the individual's freedom.</p>		<p>Specific location of incident. Number and identity of perpetrators. Identify leaders, number, and identity of hostages. Reason for incident, demands of perpetrators, known injuries and medical problems. Communication established and by whom. Action taken to contain and isolate incident.</p>
<p>12. <u>Inmate Disturbance</u>: immediately.</p> <p>Violent behavior of a large group of inmates which results in temporary loss of control of an area, property damage, or moderate injury to individuals involved.</p>	<p>Incidents where control is quickly regained or not lost should be reported as Disruptive Behavior.</p>	<p>Notification of Executive Team, action taken to isolate and contain area, number of participants, factions involved, reason for incident, time control regained. Identify leaders, property damage, and exact location of incident. Additional assistance needed. If hostages taken, refer to information needed for Category 11.</p>
<p>13. <u>Inmate Mass Demonstration</u>: immediately.</p> <p>A non-violent temporary disruption of established activities by a major grouping of inmates who act in concert for the purpose of interfering with facility operations and/or to obtain changes in the operation of services provided by the facility.</p>	<p>Concerted effort by large group of inmates in refusing meals, refusing to work, refusing to lock in or out of cells, refusing to disperse, or general strike activities. Any attempt by smaller groups to disrupt through above actions are to be reported as Disruptive Behavior.</p>	<p>Number of active participants, identified leaders, reasons for incident, demands made. Specify area of incident and action taken to control and isolate.</p>



**APPENDIX A – CATEGORIES OF UNUSUAL INCIDENTS**

<b>Category Definition Reporting Time</b>	<b>Example</b>	<b>Supplemental Clarifying Information</b>
<p>14. <u>Property Destroyed</u>: within one hour.</p> <p>Any deliberate destruction or damage of substantial amount of State property by inmates/parolees, staff, or visitors.</p>	<p>Destruction or damage deliberately done to employee or visitor property is not reportable under this category. These incidents would be reported under Category 5 Disruptive Behavior, Category 7 Employee Misconduct, or Category 22 Other.</p>	<p>Describe property that was damaged and extent of damage. Provide monetary estimate of damage. Provide estimated return to service of damaged item or area.</p>
<p>15. <u>Property Lost or Stolen</u>: within one hour.</p> <p>The confirmed loss or theft of State property of substantial value.</p>	<p>All confirmed loss or theft of critical Departmental security equipment (e.g., weapons, ammunition, batons, keys, chemical agents, handcuffs, etc.). Loss or theft of employee personal weapons. Loss or theft of I.D. or badge inside a correctional facility. Other State property of substantial value.</p>	<p>Property missing and circumstances surrounding the incident. Employee discovering missing articles. Employee in charge of area prior to discovery. Serial # of weapon. Owned on badge, registered at the facility, approximate value of missing property.</p>
<p>NOTE: Loss or theft of I.D. or badge is not an unusual incident unless the loss or theft occurs in a correctional facility. Information is to be sent via electronic mail to the Director of Support Operations (Supportops@doccs.ny.gov) and to the Office of Special Investigations (SpecialInvestigaions@doccs.ny.gov). Information needed: employee name, SS#, badge#, when and where the loss occurred, and the police agency notified. (See Directive #2948)</p>		
<p>16. <u>Self-Inflicted Injury</u>: within one hour.</p> <p>An incident where an inmate/parolee intentionally inflicts a moderate injury in a serious but non-life-threatening manner.</p>	<p>Inmates cutting themselves or causing injury via intentional jumping. Incidents where serious injury is sustained by cutting or where inmate/parolee attempts to hang self in life threatening manner should be reported in Category 18 Suicide Attempt.</p>	<p>Means used to injure self. Who discovered inmate/parolee. Emergency action taken. Was inmate/parolee taken to outside hospital? Where? Extent of injury, prognosis for recovery. Any known reason for action.</p>
<p>NOTE: Incidents where inmates actions are attributed to manipulation of staff and do not result in moderate injury, need not be reported here unless a weapon is recovered.</p>		
<p>17. <u>Sexual Misconduct</u>: within one hour.</p> <p>Any sexual contact between any combination of inmates, parolees, staff, visitors, or volunteers shall be considered a sexual misconduct incident. All sexual contact is reported in this category. If forcible, also use assault category.</p>	<p>Any sexual contact involving a person performing in an official capacity, shall be reported in sub category 06 – Non-Employee – e.g., contractor, contract service provider, volunteer, etc.</p>	<p>Exact location where act occurred. State whether forcible or consensual. Results of the medical examination. State if outside medical attention was required. Incidents involving inmate on inmate or staff on inmate, refer to Directives #4027B and #4028B for reporting guidelines and evidence collection.</p>



**APPENDIX A – CATEGORIES OF UNUSUAL INCIDENTS**

<b>Category Definition Reporting Time</b>	<b>Example</b>	<b>Supplemental Clarifying Information</b>
<p>18. <u>Suicide Attempt</u>: within one hour.</p> <p>An act in which an inmate/parolee attempts suicide by inflicting life threatening injury upon oneself or places oneself in a life-threatening situation. This can occur by hanging, setting oneself on fire, ingesting poisonous chemicals, drug overdose, or severe lacerations, etc.</p>		<p>How attempted, exact location of attempt. Who discovered the attempt (e.g., staff or inmate). Emergency response. Was inmate brought to an outside hospital? Name of hospital, extent of injury, prognosis for recovery. Placement of inmate after treatment (suicide watch or observation). Reasons for inmate's actions.</p>
<p>NOTE: If death occurs as a result of this attempt, after the preliminary is approved by CFOS, then Category 4, Death, must be added.</p>		
<p>19. <u>Temporary Release Related</u>: when an inmate is declared an absconder, or within one hour of facility being notified of an inmate's arrest.</p> <p>Includes the absconding of an inmate from a Temporary Release Program, arrest of inmate while on Temporary Release, and other reportable incidents relating to Temporary Release.</p>		<p>Specify type of release inmate is on and when he or she last left the facility. Warrant # and who warrant filed with. If inmate is arrested: location of arrest, date and time of arrest, date and time facility notified, arrest number, arresting police officer, precinct taken to, current location of inmate, criminal charges. Name used by inmate if different.</p>
<p>NOTE: When inmate returns to facility or DOCCS custody, the update filed must include any action taken by facility (e.g., warrant # withdrawn, placement in restricted unit or cell, transferred to, where sent, by whom, etc.).</p>		
<p>20. <u>Use of Weapons by Staff</u>: immediately.</p> <p>Any incident where staff, in the performance of duty, use chemical agents, baton, firearm, conducted electrical weapon/taser, or other type weapon against an inmate/parolee or other person. All discharges of chemical agents, except for training or other controlled activity, shall be reported here. All discharges of firearms, unless for training or other approved activity, shall be reported here.</p>	<p>While removing inmate from cell, breaking up fights, preventing assaults, preventing escapes, containing a disturbance, or apprehending a parolee.</p>	<p>Type of chemical agent and how much used. Approving person, supervisor in charge. Employee who administered agent. Type of firearm used and number of rounds used. When firearm was secured, where secured. What methods used prior to use of weapon and who used by (CIU, clergy, counselor, etc.). Was inmate/parolee armed, with what, specific location of use, injuries incurred as result.</p>
<p>21. <u>Employee Job Actions</u>: immediately.</p> <p>Any planned or spontaneous actions by groups of employees that will either affect the normal operation of the facility or may have an adverse effect on the Department.</p>	<p>Picketing, strike, work to rule, slowdown, etc.</p>	<p>Type of action, number of employees involved, reactions by other employees, reaction by inmates, impact on facility operations.</p>



**APPENDIX A – CATEGORIES OF UNUSUAL INCIDENTS**

<b>Category Definition Reporting Time</b>	<b>Example</b>	<b>Supplemental Clarifying Information</b>
<p>22. <u>Other Incident Category</u>: within one hour.</p> <p>This category is established to allow us to capture any incidents which have not previously been defined. This category should be used for but not limited to: (1) Voluntary body cavity search of inmate where no contraband is found; (2) Outbreak of contagious disease; (3) Demonstration by outside public interest groups; (4) Termination of Family Reunion visit; (5) Visitor strip search when no contraband is found; (6) Other medical emergency; (7) Attempted assault on facility staff using human waste or other body fluids (except saliva); (8) Frisk of an entire facility; (9) Family Reunion visit incidents, e.g., contraband found during processing or after visit, disruptive behavior, etc. (this category is typically to be used in addition to another UI category); (10) Use of spit net; (11) Erroneous release; (12) Use of force to obtain a DNA sample; (13) Use of AED (actual placement of defibrillator on a victim); (14) Use of restraint chair; (15) Significant exposure - any incident in which an employee experiences significant contact with blood or body fluids of an inmate/parolee as determined by facility health care staff; (16) Arrest of visitor/ non-employee; (17) Hunger Strike- When the FHSD determines that the inmate's weight loss reaches 15 percent, or the physical stress, or the lack of nutrition, adversely impacts the inmate's medical condition; (18) Visitor limited visual search when no contraband is found; (19) Arrest of non-parolee/non-employee; (20) Shackling pregnant inmate;</p>	<p><b>(2) This category will be used to report any confirmed cases of Legionella, Chicken Pox/Varicella/Shingles, Measles (Rubeola), German Measles (Rubella), Rabies, Tuberculosis (Active).</b></p> <p><b>(22) An employee</b> is served with an Order of Protection where firearms are forfeited per outside agency.</p>	<p>When applicable:</p> <p>Reasons for action taken.            Person(s) authorizing actions.            General mood of inmate population.            Reaction of employee. Action being taken by Civil authorities for (2) &amp; (3). Type of disease and possible impact on facility. Reason for erroneous release (11). (22) Location and description of firearms forfeited due to an Order of Protection.</p>



(21) Staff presence in delivery room; (22) When an employee is subjected to an Order of Protection and under certain circumstances, forfeits the right to legally possess a firearm including long guns; (23) Drone; (24) Use of Narcan; (99) Other.		
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## FORM 2105.3

**LOCATION OF INCIDENT (ITEM 9)**

- |                               |                                  |
|-------------------------------|----------------------------------|
| 01 Administration Building    | 31 SHU-Voluntary Protection      |
| 02 Auditorium                 | 32 Toilet Area                   |
| 03 Cell                       | 33 TV/Game Room/Day Room         |
| 04 Classroom/School           | 34 Visiting Room                 |
| 05 Corridor                   | 35 Yard                          |
| 06 Disciplinary Office        | 36 Block                         |
| 07 Dormitory                  | 37 Stairway                      |
| 09 Front Gate                 | 38 SHU Yard                      |
| 10 Gallery                    | 39 Keeplock Yard                 |
| 11 Gymnasium                  | 40 Double Cell                   |
| 12 Infirmary/Hospital/Clinic  | 41 Walkways                      |
| 13 Inmate Reception Area      | 42 Visitor Process Area          |
| 14 In Transit                 | 43 Parking Lot/Perimeter         |
| 15 Kitchen                    | 44 Slop Sink                     |
| 16 Lobby                      | 45 SHU Frisk Room                |
| 17 Mental Health Unit         | 46 SHU Other                     |
| 18 Mess Hall-Eating/In Line   | 47 Interview Room                |
| 19 Outside Court              | 48 MHU-OBS Cell                  |
| 20 Outside Hospital           | 49 MHU-OBS Dorm                  |
| 21 Outside Temporary Release  | 50 Parole Office                 |
| 22 Outside Unspecified        | 51 Community Residence           |
| 23 Package Room               | 52 Community Employment Location |
| 24 Rear Gate                  | 53 Roadway                       |
| 25 Shop-Industries            | 54 Parolee Home                  |
| 26 Shop-Maintenance           | 55 Parolee Automobile            |
| 27 Shop-Vocational Education  | 56 Parolee Automotive            |
| 28 Shower                     | 57 Other Community Location      |
| 29 SHU-Discipline             | 94 Chapel/Other Religious Area   |
| 30 SHU-Involuntary Protection | 95 Inmate Visit Frisk Area       |
| 58 AOSU-Discipline            | 96 Strip Frisk Area-Non SHU      |
| 59 AOSU-Other                 | 97 Contraband Watch Location     |
| 60 AOSU-Frisk Area            | 98 Unknown                       |
| 61 AOSU-Exercise Area         | 99 Other Inside Facility         |



## FORM 2105.3

**LIST OF YARD CODES BY PRISON****Attica (Code 000)**

01 A Rec Yard  
02 B Rec Yard  
03 C Rec Yard  
04 D Rec Yard  
05 PC Yard  
06 Honor Block  
07 SHU Exercise  
08 E Yard East  
09 E Yard West  
10 B Block Exercise  
11 Ponderosa

**Auburn (Code 010)**

01 Industrial  
02 Family Picnic  
03 3 North Yard  
04 Main Yard  
05 South Yard Weight  
06 3 South Yard

**Bedford Hills (Code 120)**

01 Fiske Yard  
02 144 Keeplock  
03 Quiet Yard  
04 GP Yard  
05 FRP Yard  
06 Keeplock Puppy  
07 Nursery Yard  
08 RMU Yard  
09 Bldg 120-121  
10 118-1 Yard  
11 118-2 Yard

**Clinton (Code 020)**

01 North Yard  
02 Shop Yard  
03 C/D Yard  
04 E Block Yard  
05 Auditorium Yard  
06 A Block Yard  
07 Unit 14 Yard  
08 Hospital Yard  
09 APPU Yard  
10 North Yard Annex  
11 West Yard Annex  
12 East Yard Annex

**Coxsackie (Code 130)**

01 North Yard  
02 Central Yard  
03 Southwest Yard  
04 Southeast Yard  
05 RMU Yard  
06 Big Yard

**Downstate (Code 240)**

01 1 Cplx B Yard  
02 1 Cplx E Yard  
03 1 Cplx F Yard  
04 1 Cplx KL Yard  
05 1 Cplx Yard  
06 Hospital Rec  
07 2 Cplx KL Rec  
08 2 & 3 Cplx Yard  
09 3 Cplx KL Yard  
10 4 Cplx KL Rec  
11 4 Cplx Cadre

**Eastern (Code 100)**

01 Main Yard  
02 North Hall KL  
03 West Wing KL  
04 B3 KL Rec Yard  
05 Annex Rec. Yard

**Elmira (Code 110)**

01 A Block Yard  
02 RC North Yard  
03 Pavilion Yard  
04 Gym Yard  
05 I Block Yard  
06 Kitchen Yard  
07 Ball Park

**Five Points (Code 370)**

01 8 Block Yard  
02 9 Block Yard  
03 10 Block Yard  
04 11 Block Yard  
05 12 Block Yard  
06 Facility Main  
07 ICP Yard  
08 Visiting Yard  
09 South Mess Hall  
10 North Mess Hall

**Great Meadow (Code 040)**

01 Big Yard  
02 Small Yard  
03 South Yard  
04 D Block/Honor  
05 MHU Yard  
06 SHU B1 Yard  
07 SHU F Block Yard

**Green Haven (Code 080)**

01 Fay Field  
02 J Block Yard  
03 C & D Block Yard  
04 A & B Block Yard  
05 A1 PC Yard  
06 New Visiting  
07 East Side KL  
08 West Side KL  
09 G & H Block Yard  
10 E & F Block Yard

**Shawangunk (Code 680)**

01 B Block Yard  
02 Emp. Out Lounge  
03 Inmate Visiting  
04 C Block Yard  
05 D Block Yard  
06 A Block Yard  
07 E Yard

**Sing Sing (Code 070)**

01 A Ball Field  
02 A B-ball Court  
03 A Handball Court  
04 A Weight Area  
05 A Block KL Yard  
06 B Ball Field  
07 B B-ball Court  
08 B Handball Court  
09 B Weight Area  
10 SHU Rec. Pens  
11 SHU Rec. Yards  
12 5 Building Yard  
13 7 Building Yard  
14 Tappan Handball  
15 Tappan Bocci  
16 Tappan Weight  
17 Tappan Ball Field

**Southport (Code 630)**

01 D1 Gallery Yard  
02 D2 Gallery Yard  
03 D3 Gallery Yard  
04 E Block Yard  
05 Special Events  
06 Cadre Yard  
07 C Yard  
08 C Ind. Units  
09 B Yard  
10 B Ind. Units  
11 A Yard  
12 A Ind. Units

**Sullivan (Code 690)**

01 SHU Rec. Yard  
02 PC Rec. Yard  
03 Visitor Yard  
04 FRP Yard  
05 A South Rec.  
06 A North Rec.  
07 B South Rec.  
08 B North Rec.  
09 D South Rec.  
10 D North Rec.  
11 E South Rec.  
12 E North Rec.  
13 West Yard  
14 East Yard

**Upstate (Code 840)**

01 Ball Field  
02 Small Yard  
03 Cadre Visiting

**Wende (Code 430)**

01 A Block Yard  
02 B Block Yard  
03 C Block Yard  
04 D Block Yard  
05 E Block Yard  
06 F Block Yard  
07 SHU Exercise  
08 MHU Rec. Yard  
09 Ball Field  
10 RMU Winter Rec.  
11 RMU Summer Rec.



## FORM 2105.3

**TYPE OF INCIDENT (ITEM 13)****01 Accident**

- 01 Burned by Object
- 02 Cut by Object
- 03 Hit by Object
- 04 Industrial
- 05 Slipped and Fell
- 06 Toxic Fumes
- 07 Vehicle
- 08 Injury Custody Related
- 09 Injury-Recreation Related
- 99 Other

**02 Assault**

- 01 On Inmate
- 02 On Staff-Civilian
- 03 On Staff-Security-Sec/Law Enforce
- 04 On Visitor
- 05 On Volunteer
- 06 On Citizen
- 07 On Parolee
- 99 On Other

**03 Contraband**

- 01 Alcohol, Commercial
- 02 Alcohol, Homemade
- 03 Ammunition
- 04 Cash
- 07 Explosives
- 08 Hypo. Needle/Syringe
- 09 Weapon, Cutting Inst.
- 10 Weapon, Manuf. Gun
- 11 Weapon, Zip Gun
- 12 Weapon, Other
- 13 Weapon, "Shank"
- 14 Weapon, Manuf. Knife
- 15 Weapon, Hardback Razor Blade
- 16 Weapon, Utility Razor Blade
- 17 Weapon, Razor Blade
- 18 Weapon, Can Lid
- 19 Weapon, Ice Pick
- 20 Weapon, Weighted Cloth
- 21 Weapon, Sharpened Toothbrush
- 22 Weapon, Scalpel/Exacto Blade

- 23 Escape Paraphernalia
- 30 Drugs, Fentanyl
- 31 Drugs, Cocaine
- 32 Drugs, Heroin
- 33 Drugs, Marijuana
- 34 Drugs, Prescription
- 35 Drugs, Other
- 36 Drugs, Synthetic
- 50 Cell Phone
- 51 Other, Electronic Devices
- 52 Media Storage
- 99 Other

**04 Death**

- 01 Inmate-Accident
- 02 Inmate-Homicide
- 03 Inmate-Natural Causes
- 04 Inmate-Suicide
- 06 Inmate-Execution
- 09 Inmate-Unknown
- 11 Staff-Natural Causes
- 12 Staff-Accident
- 13 Staff-Other
- 14 Staff-Off-Duty, Extraordinary circumstances

- 19 Staff-Unknown
- 21 Civilian-Nat. Causes
- 22 Civilian-Accident
- 23 Civilian-Other
- 24 By Law Enforcement
- 29 Civilian-Unknown
- 30 Parolee-Accident
- 31 Parolee-Homicide
- 32 Parolee- Nat. Causes
- 33 Parolee-Suicide
- 34 Parolee-Unknown
- 35 Citizen-Other
- 36 Law Enforcement
- 37 Citizen-By Parolee
- 99 Other

**05 Disruptive Behavior**

- 01 Inmate Refuse Instruct.
- 02 Strip Frisk
- 03 Cell Extraction

- 04 Parolee Threats
- 05 Parole Officer Disturbance
- 99 Other

**06 Disruption of Facility**

- 01 Heat
- 02 Phone Service
- 03 Power
- 04 Sanitation
- 05 Structural Damage
- 06 Water
- 07 Bomb Threat
- 08 Parolee Disruptive
- 09 Biological Threat
- 99 Other

**07 Employee Misconduct**

- 01 Felony Arrest, DWI
- 02 Felony Arrest, Non-DWI
- 03 Employee Misconduct
- 04 Domestic Incident Arrest
- 05 Domestic Incident-Non Arrest
- 99 Other

**08 Escape**

- 01 From Facility
- 02 From Outside Work Det.
- 03 From Outside Hospital
- 04 In Transit
- 05 From Custody-Cuffed
- 06 From Custody-Un Cuffed
- 07 Parolee-From Custody
- 99 Other, From Custody

**09 Attempted Escape**

- 01 From Facility
- 02 From Outside Work Det.
- 03 From Outside Hospital
- 04 In Transit
- 05 From Custody-Cuffed
- 06 From Custody-Un Cuffed
- 07 Parolee-From Custody
- 99 Other, From Custody

**10 Fire**

- 01 Accident
- 02 Arson
- 03 Unknown/Undetermined
- 99 Other

**11 Hostage Situation**

- 01 Hostage Situation

**12 Inmate Disturbance**

- 01 Gen. Area, Controlled
- 02 Gen. Area, Control Lost
- 03 Ltd Area, Controlled
- 04 Ltd Area, Control Lost
- 99 Other

**13 Mass Demonstration**

- 01 General Strike
- 02 Refused to Leave Area
- 03 Refused to Lock In
- 04 Refused to Lock Out
- 05 Refused Meals
- 06 Refused Programs
- 07 Refused Work
- 99 Other

**14 Property Destroyed**

- 01 Property Destroyed Security
- 02 Property Destroyed Non-Security
- 99 Other

**15 Property Lost/Stolen**

- 01 Lost Dept. Prop.- Sec.
- 02 Lost Dept. Prop.-Non-Sec.
- 03 Lost Personal Property
- 04 Stolen Dept. Prop. - Sec.
- 05 Stolen Dept. Prop. - Non- Sec.
- 06 Stolen Personal Property
- 07 Firearm
- 08 OC Spray
- 09 Baton
- 10 Handcuffs
- 99 Other

**16 Self-Inflicted Injury**

- 01 Self-inflicted Injury



## FORM 2105.3

**17 Sexual Misconduct**

03 Inmate/Inmate  
04 Visitor/Inmate  
05 Staff/Inmate  
06 Non-Employee/Inmate  
07 Staff/Parolee  
08 Sodomy/Parolee  
09 Rape/Parolee  
99 Other

**18 Suicide Attempt**

01 Suicide

**19 Temp. Release Related**

01 Abscond Work Release  
02 Abscond Weekend Fur.  
03 Abscond Other Fur.  
04 Arrest

05 Absconder-Furlough  
06 Absconder-Job Search  
07 Absconder-Medical Fur.  
08 Absconder-Day Report  
09 Absconder-Res. Treat.  
99 Other

**20 Use of Weapons by Staff**

01 Chem. Agent/Proj./Canstr.  
02 Hand Gun  
03 Rifle  
04 Shotgun  
05 Baton  
07 Chemical Agent - Aerosol  
08 Chemical Agents – Mass UOF  
09 Rifle/Mass UOF  
10 OC Pepper  
11 Accidental Discharge-On Duty  
12 Accidental Discharge-Off Duty  
13 Conducted Electrical  
Weapon/Taser  
99 Other

**21 Employee Job Action**

01 Informational Picket  
02 Strike Action  
03 Work Slowdown  
99 Other  
**22 Other**  
01 Body Cavity Search  
02 Contagious Disease  
03 Demonstration-Outside Grp.  
04 Term. of Fam. Reunion Visit  
05 Visitor Strip Search  
06 Other Medical Emergency  
07 Attempted Assault-Body  
Fluids/Human Waste  
08 Overall Facility Search  
09 Family Reunion Visit

10 Use of Spit Net  
11 Erroneous Release  
12 DNA – Use of Force  
13 Use of AED (defibrillator)  
14 Use of Restraint Chair  
15 Significant Exposure  
16 Arrest of Visitor/Non-employee  
17 Hunger Strike  
18 Visitor Limited Visual Search  
19 Arrest of Non-Parolee  
20 Shackling of Pregnant Inmate  
21 Staff Presence in Delivery  
Room  
22 Employee Order of Protection  
23 Drone  
24 Use of Narcan  
99 Other

**TYPES – WEAPONS (ITEM 14)**

01 Body, Use of	11 Knife, Manufactured	21 Other Fluids	30 Bow & Arrow
02 Chair	12 Pen or Pencil	22 Ice Pick Type	31 Sword
03 Cloth Container, Weighted	13 Razor Blade	23 "Shank"	32 Martial Art Weapon
04 Club, Other	14 Ammunition/Explosives	24 Body Fluids	33 Brass Knuckles
05 Club, Wooden	15 Gun, Manufactured	25 Can Lid	34 Unknown Liquid
06 Mess Hall Tray	16 Gun, Zip	26 Toothbrush	96 Unrecovered Cutting Instrument
07 Metal Pipe	17 Chem. Agent/Proj./Canister	27 Chemicals/Caustic Material	97 Unrecovered Stabbing Instrument
08 Broken Glass	18 Combustible Material	28 Scalpel	98 Unknown (unrecovered)
09 Eating Utensil	19 Garrote	29 Cutting Instrument, Other	99 Other
10 Inmate-Made Cutting Instrument	20 Human Waste		

**TYPES – FORCE (ITEM 17)**

01 Baton	04 Mechanical Restraint	07 Strike
02 Body Hold	05 Use of Firearms	99 Other
03 Chemical Agents	06 Shield	

**MEDICAL REPORT – (ITEM 20)****Degree of Injury Codes**

1 Minor  
2 Moderate  
3 Serious  
4 Severe

**Injury Codes**

01 Bone  
02 Bruise  
03 Burn

04 Concussion  
05 Laceration  
06 Smoke  
07 Sprain  
08 Unconscious

09 Puncture  
10 Abrasion  
11 Gunshot  
12 Pain  
13 Bite  
14 Swelling  
99 Other

FORM 2105.3

**ROLE (RELATION) (ITEM 21)**

01 Bystander	04 Suspect
02 Participant	05 Victim
03 Perpetrator	06 Witness

**TITLE – CODE (ITEM 24)**

01 Superintendent	11 Doctor	23 Judge	33 Parole Revocation Spl.
02 1 <sup>st</sup> Dep. Superintendent	12 Physicians Assistant	24 Clergy Staff	34 Prelim. Hearing Officer
03 Deputy Superintendent	13 LPN	25 OMH Staff	35 Warrant Transfer Officer
04 Captain	16 Employee Civilian	26 Bureau Chief	36 Sr. Warrant Transfer Officer
05 Lieutenant	17 Citizen	27 Senior Parole Officer	37 Parole Board Member
06 Sergeant	18 Visitor	28 Parole Officer	38 Package Sender
07 Correction Officer	19 OSI	29 Parole Employee	39 Mail Sender
08 DOCCS Employee	20 Volunteer	30 Service Provider	40 Firefighter/EMS
09 Civilian/Non-employee	21 Police	31 Institution Safety Officer	41 Nurse Practitioner
10 Nurse	22 Medical Examiner	32 Regional Director	42 Nurse Administrator
			99 Other

**Contraband Report Only\***

\* 97 Parolee

\* 98 Inmate

\* 00 Unknown

**TITLE – WEAPON COMPOSITION CODE (ITEM 25)**

01 Metal	04 Glass
02 Plastic	99 Other
03 Wood	

**TITLE – CONTRABAND DETECTION METHOD**

01 Boss Chair	06 K-9 Unit	11 Area Search – Scheduled	16 Package Search
02 CELLSense	07 Metal Detector – Hand Held	12 Area Search – Incident	17 Property Processing or Draft
03 Cell Search – Suspicion	08 Metal Detector – Walk Thru	13 Common Area Search	99 Other
04 Cell Search – Random	09 Pat Frisk	14 Overall Facility Search	
05 Contraband Watch	10 Strip Frisk	15 Correspondence Search	



## FORM 2105.3

ABBREVIATION (SPECIFIC LOCATION)	COMMUNITY SUPERVISION AREA OFFICE		ABBREVIATION (SPECIFIC LOCATION)	COMMUNITY SUPERVISION AREA OFFICE
ALBY	ALBANY		MN04	MANHATTAN IV
BKIN	BROOKLYN INAT		MN06	MANHATTAN VI
BK01	BROOKLYN I		NASS	NASSAU
BK02	BROOKLYN II		NIAG	NIAGARA FRONTIER
BK03	BROOKLYN III		NORE	NORTHEAST
BK04	BROOKLYN IV		NRCH	NEW ROCHELLE
BK05	BROOKLYN V		NYUN	NYC UNASSIGNED
BQWS	BKLY/QNS WS		OOSI	OS INCARCERATION
BSSN	BSSN		OOST	OUT-OF-STATE
BUFF	BUFFALO METRO		PEEK	PEEKSKILL
BXIN	BRONX INACTIVE		POUG	POUGHKEEPSIE
BXWS	BRONX/MAN WS		QN01	QUEENS I
BX01	BRONX I		QN02	QUEENS II
BX02	BRONX II		QN03	QUEENS III
BX03	BRONX III		RIKR	RIKERS/DDOI
BX04	BRONX IV		RO01	ROCHESTER METRO
BX05	BRONX V		RO02	ROCHESTER BELT
CNLI	CENTRAL LI		STIS	STATEN ISLAND
DEPO	DEPORTATION		SUFF	SUFFOLK
ELMR	ELMIRA		SYRC	SYRACUSE
MN02	MANHATTAN II		UNAS	UNASSIGNED
MN03	MANHATTAN III			

## Blood and Body Fluid Spills – Decontamination Form

Specific Area/Items Decontaminated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Supervisor/Author: \_\_\_\_\_

Items Removed (Evidence, Trash, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Storage/Disposition (Items Removed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EMPLOYEE SUPERVISING DECONTAMINATION

### RANK

\_\_\_\_\_

\_\_\_\_\_

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### INMATE ASSIGNED

### DIN

### HOUSING LOCATION

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FORWARD COMPLETED FORM TO FACILITY WATCH COMMANDER