EMERGENCY PHYSICAL RESTRAINT LOG

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Name of Student** | **Type and Length of Restraint** | **Behavior that Prompted Use of Restraint** | **Staff Member Implementing and**  **Monitoring Use of Restraint** | **Administrator Informed of the Use of Restraint** |
|  |  |  |  | Name:  Signature: | Name:  Signature: |
|  |  |  |  | Name:  Signature: | Name:  Signature: |
|  |  |  |  | Name:  Signature: | Name:  Signature: |
|  |  |  |  | Name:  Signature: | Name:  Signature: |
|  |  |  |  | Name:  Signature: | Name:  Signature: |
|  |  |  |  | Name:  Signature: | Name:  Signature: |

A Restraint Report Form must be completed when it is necessary to restrain a resident kept in your identified incident report log.