

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.