OKLAHOMA DEPARTMENT OF CORRECTIONS
PHYSICAL RESTRAINT LOG

Inmate Name: _____ **ODOC Number:** _____ **Facility:** _____

Authorized By: _____ **Date:** _____

Type of Restraints Applied: _____

Current Medication(s): _____

OBSERVATION CODES

1. AWAKE	4. QUIET	7. DELIBERATE SELF-HARM	10. ANGRY
2. SLEEPING	5. CRYING	8. SAD	11. HAPPY
3. TALKATIVE	6. AGITATED	9. ANXIOUS/NERVOUS	

Time	Int.	Code	Comments	Time	Int.	Code	Comments

Signature/Title	Initials	Signature/Title	Initials	Signature/Title	Initials