ABC Secure Juvenile Facility
Restraint Incident Log

Type of Restraint: ☐ Personal ☐ Mechanical

☐ Chemical ☐ Non-Ambulatory

Date Restraint Began	Time Restraint Began	Name Of Resident Restrained	Unique Identifier (i.e., PID #, DOB, etc.)	Reason for the Restraint Comments	Applied By	Date Restraint Ended	Time Restraint Ended

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