

## Significant Incident Summary

This summary is required to be provided to the chair of your audit team upon their arrival. The information contained on this form will also be summarized in the narrative portion of the visiting committee report and will be incorporated into the final report. It should contain data for the last 12 months; indicate those months in the boxes provided. Please type the data. If you have questions on how to complete the form, please contact your regional manager.

Facility \_\_\_\_\_ Year \_\_\_\_\_

<i>Incidents</i>		<i>Months</i>											
<b>Assault: Offenders/ Offenders*</b>	Types (sexual**, physical, etc.)												
	With Weapon												
	Without Weapon												
<b>Assault: Offender/ Staff</b>	Types (sexual**, physical, etc.)												
	With Weapon												
	Without Weapon												
<b>Number of Forced Moves Used***</b>													
<b>Disturbances****</b>													
<b>Number of Times Chemical Agents Used</b>													
<b>Number of Times Special Reaction Team Used</b>													
<b>Four/Five Point Restraints</b>	Number												
	Type (chair, bed, board, etc.)												
<b>Offender Medical Referrals as a Result of Injuries Sustained</b>													
<b>Escapes</b>	Attempted												
	Actual												
<b>Substantiated Grievances (resolved in favor of offender)</b>	Reason (medical, food, religious, etc.)												
	Number												
<b>Deaths</b>	Reason (violent, illness, suicide, natural)												
	Number												

\*Any physical contact that involves two or more offenders

\*\*Oral, anal or vaginal copulation involving at least two parties

\*\*\*Routine transportation of offenders is not considered "forced"

\*\*\*\*Any incident that involves four or more offenders. Includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents

