To be completed by staff using the restraint and sent to case manager with an Incident Report.

Individual Name: ___________________________ Individual Number: ___________________________

Date of incident: ___________________________ Location of incident: ___________________________

The length of time the individual was restrained: ___________________________

Staff present at the time of the incident: ___________________________

Staff using physical restraint: ___________________________

What type of physical restraint was used?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Does the individual have a Behavior Support Plan that describes when physical restraint should be used?  
☐ Yes  ☐ No

Did you follow procedures as described in the Behavior Support Plan?  
☐ Yes  ☐ No

What was the possible cause of the incident?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

What was the incident that required the use of physical restraint?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Were there any setting events that may have contributed to the incident (i.e. noise levels, illness, frustration, physical proximity, activity, specific person)?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Does the Behavior Support Plan need to be revised? ☐ Yes  ☐ No

What did you attempt prior to the use of physical restraint?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Do you or other staff involved have any suggestions that could have been tried to avoid the use of physical restraint?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________