

# Use of Emergency Restraint Chair Policy and Procedure

## 1005.1 PURPOSE AND SCOPE

To set policy for proper use of Restraint Chair in safely containing prisoners who repeatedly attempt to self mutilate and/or repeatedly attempt suicide. Applies to all jail employees and medical staff.

## 1005.2 PROCEDURE

- (a) All employees of the Madison County Sheriff's Office Jail Division will be required to watch the training video provided with the Emergency Restraint Chair before being allowed to use the chair. If at all possible the Officers using the Emergency Restraint Chair should review the instruction manual attached to the chair (see attachment 1).
- (b) Both of the Emergency Restraint Chairs will be kept in the hallway near the Special Housing Unit when not in use.
- (c) It will be the decision of the Jail Superintendent, or in his absence his designee, to place a prisoner in the Emergency Restraint Chair. The decision will be based on personal observation and collected data, and/or the reports from shift supervisors, consisting of past behavior as well as threats and/or attempts of self harm or suicide made while in custody.
- (d) If the Jail Superintendent deems it necessary to place a prisoner in the Emergency Restraint Chair for any reason other than suicidal or self mutilation, there will be no deviation in the Observation and Examination protocol.
- (e) An official Jail Incident report will be generated detailing the need for use of the restraint chair.

## 1005.3 OBSERVATION AND EXAMINATION

- (a) The prisoner will be visually and verbally observed every 15 minutes. These checks will be documented on a 15 minute Suicide/Substance Abuse Watch Log Sheet. He/she will be offered water at least every hour. He/she will be released every 2 hours for approximately 10 minutes and encouraged to use the bathroom facilities and walk a short distance. This will be in the accompaniment of at least 2 officers. **If the prisoner is so violent it would be hazardous to both the prisoner and the staff to release him/her an explanation of this will be included in the Officer Activity log.**
- (b) The medical staff will physically examine and take vital signs at the beginning of their shift or on sick call and at any time during their shift it is deemed necessary.
- (c) While in the chair, inmate must be assessed by Crisis Intervention each visit and seen daily if inmate is in the chair greater than 24 hours.
- (d) The Medical Director will be given verbal reports from the nursing staff on a daily basis. On doctor call days he will review the nurse's notes, written reports and log entries from

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the Jail Deputies. He will then make a decision from a medical standpoint to continue or discontinue the use of the chair after consulting with the Jail Superintendent or his designee.

- (e) The Superintendent will review his decision to restrain the prisoner in the Emergency Restraint Chair every 24 hours using the reports received from the shift supervisors, log book entries, reports from the medical staff and his own visual observations.

### **1005.4 HOUSING OF PRISONER IN EMERGENCY RESTRAINT CHAIR**

- (a) The prisoner will be placed in an area where constant and unobstructed view will be maintained such as the visiting room, attorney's booth, etc. The 15-minute rounds will be done by opening the door with the officer entering the room and physically observing and getting a verbal response from the prisoner. **Absolutely** no rounds will be made simply by looking through a closed-door observation window.
- (b) Officers will use the Suicide Watch Log sheet to document the daily activities and observations of the prisoner while in the Emergency Restraint Chair. The Shift Supervisors will make log entries as needed. Medical staff will make notes in the medical record of the prisoner at least twice on their shift. The medical director and Crisis Services will visually observe the prisoner on each visit to the jail.
- (c) Once it has been determined that a person is in need of the Emergency Restraint Chair for their protection, the protection of the staff or other inmates, due to the mental health issues the necessary reports will be forwarded by the Jail Administration to the appropriate authorities in order to seek placement outside the jail setting in a mental health facility so they may receive proper mental health and/or medical treatment.

### **1005.5 ATTACHMENTS**

See attachment: [SafetyRestraintChair.pdf](#)

## **Attachments**

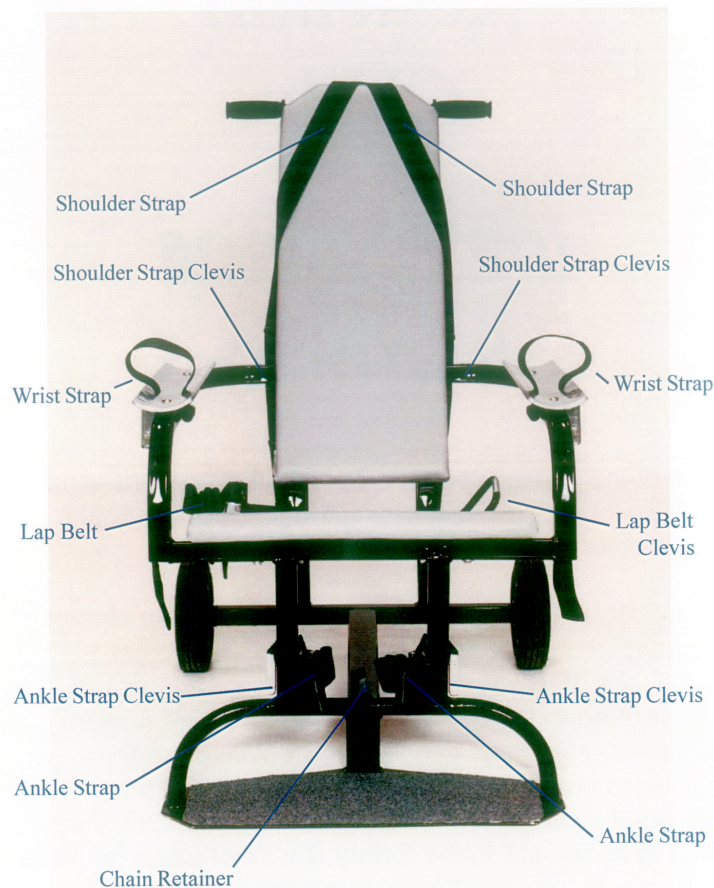
## **SafetyRestraintChair.pdf**

# Safety Restraint Chair

## Instructions

**Warning** - Use of the Safety Restraint Chair without first reading and thoroughly understanding the instructions could cause injury or death.

The Safety Restraint Chair is intended to help control combative, self destructive, or potentially violent detainees. If used properly it can reduce the risk of physical harm to both the detainee and staff. Violent behavior may mask dangerous medical conditions therefore detainees must be monitored for and provided with medical treatment if needed. Detainees should not be left in the Safety Restraint Chair for more than two hours. The Safety Restraint Chair should **never** be used as a means of punishment.



### Step 1.

Ensure that all of the detainee's personal property has been removed from them, to include jewelry, glasses, shoes, boots, socks, coat, hat and belt. They should only be clothed in their shirt, pants, or dress.

**Note:** The detainee should be handcuffed and wearing leg irons when warranted.



### Step 2.

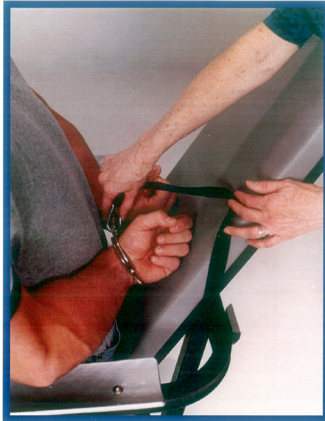
Have the detainee sit in the seat, secure the lap belt free end in the lap belt clevis, and pull the handle until snug.

**Note:** To loosen the lap belt, insert a standard handcuff key in the lap belt buckle, and “push in” while pulling slack on the lap belt.



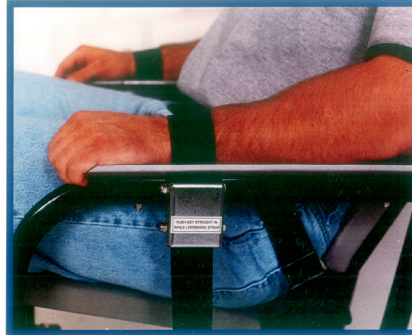
### Step 3.

Place the chain of the leg irons behind the chain retainer.



### Step 4.

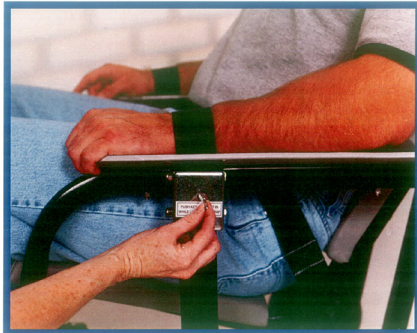
Attach the handcuff tether to the handcuffs.



### Step 5.

Release the right wrist from the handcuffs and secure it to the arm of the Safety Restraint Chair with the right wrist strap and pull the belt snug.

**Caution:** Do not cut off circulation to the hand.



### Step 6.

Release the left wrist from the handcuffs and secure it to the arm of the Safety Restraint Chair with the left wrist strap and pull the belt snug.

**Caution:** Do not cut off circulation to the hand.

**Note:** To loosen the wrist strap, insert a standard handcuff key in the wrist buckle, and “push in” while pulling slack on the wrist strap.



### Step 7.

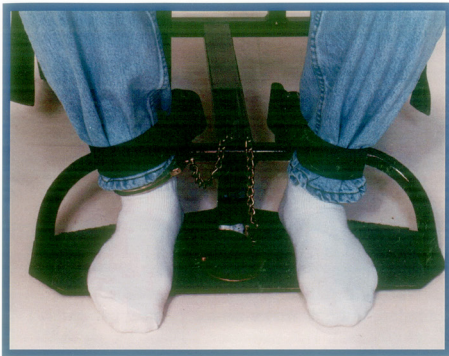
Retighten the lap belt if necessary.



### Step 8.

Fasten the shoulder strap by passing the free ends over the shoulders, under then armpits, and secure them to the shoulder strap clevises located on the back of the chair. Then tighten by pulling down on the shoulder strap handle.

**Caution:** Do not wrap the straps around the chest, head, or neck.



### Step 9.

Secure the ankle strap by passing the free end around the front of the ankle and securing it to the ankle strap clevis. Then pull the ankle strap handle until snug.

### Step 10.

Remove leg irons.

### Step 11.

**Caution, violet behavior may mask dangerous medical conditions.** Detainees must be monitored continuously and provided medical treatment if needed.

**Caution:** Handcuffs and leg irons must be removed as soon as possible to prevent injury.

**Caution:** Belts and straps may need to be loosened to insure adequate blood flow. The Safety Restraint Chair must always be used in the upright position, leaving the chair on its side or back may cause injury or death to the detainee. Detainees should not be left in the Safety Restraint Chair for more than two hours.

This time limit was established to allow for the detainee to clam down or sober up, and if needed it allows for the handlers to seek medical or psychological help for the detainee. This two hour time limit may be extended, but only under **direct** medical supervision (Doctor/Nurse). This extended time period must not exceed eight hours and range of motion exercises must be performed regularly. Therefore we do not recommend anyone be left in the Safety Restraint Chair for more than ten hours total.

### Safety Restraint Chair Inc.

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## Use of Restraints

### 510.1 PURPOSE AND SCOPE

This policy establishes guidelines for the application, supervisory oversight and restrictions on the use of restraints on persons incarcerated in this facility.

This policy shall apply to the use of specific types of restraints, such as four/five-point restraints, restraint chairs, ambulatory restraints and similar restraint systems, as well as all other restraints, including handcuffs, waist chains and leg irons when such restraints are used to restrain any inmate for prolonged periods.

#### 510.1.1 DEFINITIONS

Definitions related to this policy include:

**Clinical restraints** - Restraints applied when an inmate's disruptive, assaultive and/or self-injurious behavior is related to a medical or mental illness. Clinical restraints can include leather, rubber or canvas hand and leg restraints with contact points on a specialized bed (four/five-point restraints) or a portable restraint chair.

**Custody restraints** - Includes steel handcuffs and leg restraints, polyurethane or nylon soft restraints, waist restraints and chair restraints, applied to control an inmate who is assaultive, engaging in self-injurious behavior or attempting to damage property.

**Therapeutic seclusion** - Isolation of an agitated, vulnerable and/or severely anxious inmate with a serious mental illness as part of his/her treatment when clinically indicated for preventive therapeutic purposes.

### 510.2 POLICY

It is the policy of this office that restraints shall be used only to prevent self-injury, injury to others or property damage. Restraints may also be applied according to inmate classification, such as maximum security, to control the behavior of a high-risk inmate while he/she is being moved outside the cell or housing unit.

Restraints shall never be used for retaliation or as punishment. Restraints shall not be utilized any longer than is reasonably necessary to control the inmate. Restraints are to be applied only when less restrictive methods of controlling the dangerous behavior of an inmate have failed or appear likely to fail. Each incident where restraints are used shall be documented by the handling staff member and the documents placed in the appropriate file prior to the end of the staff member's shift (20 Ill. Adm. Code 720.60(b)).

This policy does not apply to the temporary use of restraints, such as handcuffing or the use of leg irons to control an inmate during movement and transportation inside or outside the facility (20 Ill. Adm. Code 701.160(j)).



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#### **510.3 USE OF CUSTODY RESTRAINTS**

Supervisors shall proactively oversee the use of restraints on any inmate. Whenever feasible, the use of restraints, other than routine use during transfer, shall require the approval of a Shift Commander prior to application. In instances where prior approval is not feasible, the Shift Commander shall be apprised of the use of restraints as soon as practicable.

Restraint devices, such as restraint chairs, shall only be used on an inmate when it reasonably appears necessary to overcome resistance, prevent escape or bring an incident under control, thereby preventing injury to the inmate or others, or eliminating the possibility of property damage. Restraints shall not be utilized any longer than is reasonably necessary to achieve the above goals.

Excluding short-term use to gain immediate control, placing an inmate in a restraint chair or other restraints for extended periods requires approval from the Jail Administrator or the authorized designee prior to taking action. The medical staff shall be called to observe the application of the restraints, when feasible, prior to the application or as soon as practicable after the application, and to check the inmate for adequate circulation.

The use of restraints for purposes other than for the controlled movement or transportation of an inmate shall be documented in a written report and include, at minimum, the type of restraint used, when it was applied, a detailed description of why the restraint was needed and when it was removed (20 Ill. Adm. Code 701.160(j); 20 Ill. Adm. Code 720.60(b)).

The following provisions shall be followed when utilizing restraints to control an inmate:

- (a) Restraints shall not be used as punishment, placed around a person's neck or applied in a way that is likely to cause undue physical discomfort or restrict blood flow or breathing (e.g., hog-tying).
- (b) Restrained inmates shall not be placed face down or in a position that inhibits breathing.
- (c) Restraints shall not be used to secure a person to a fixed object except as a temporary emergency measure. A person who is being transported shall not be locked in any manner to any part of the transporting vehicle, except for items installed for passenger safety, such as seat belts.
- (d) Inmates in restraints shall be housed either alone or in an area designated for restrained inmates.
- (e) Restraints shall be applied for no longer than is reasonably necessary to protect the inmate or others from harm.
- (f) Staff members shall conduct direct face-to-face observation at least twice every 30 minutes to check the inmate's physical well-being and behavior. Restraints shall be checked to verify correct application and to ensure they do not compromise circulation. All checks shall be documented, with the actual time recorded by the person doing the observation, along with a description of the inmate's behavior. Any actions taken should also be noted in the log.

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- (g) The specific reasons for the continued need for restraints shall be reviewed, documented and approved by the Jail Administrator or Shift Commander at least every two hours.
- (h) As soon as possible, but within four hours of placement in restraints, the inmate shall be medically assessed to determine whether he/she has a serious medical condition that is being masked by the aggressive behavior. The medical assessment shall be a face-to-face evaluation by a qualified health care professional and shall recur once every six hours of continued restraint thereafter.
- (i) As soon as possible, but within eight hours of placement in restraints, the inmate must be evaluated by a mental health professional to assess whether the inmate needs immediate and/or long-term mental health treatment.

#### **510.4 USE OF CLINICAL RESTRAINTS**

Inmates may be considered for clinically ordered restraints or seclusion when exhibiting dangerous behavior that is believed to be a product of a medical or mental illness and that puts the inmate and/or others at risk of physical harm, or when medical care is urgently required and the inmate is not considered competent to give or withhold consent.

Clinical restraints and/or therapeutic seclusion shall only be used when an inmate's safety or the safety of others cannot be protected by less restrictive means and only upon the direct order of a qualified health care professional and notification of the Jail Administrator or the authorized designee prior to taking action (20 Ill. Adm. Code 701.160(j)). Restraints shall be used no longer than is reasonably necessary to provide for the legitimate safety concerns of the inmate, staff or others.

The following provisions shall be used any time clinical restraints or therapeutic seclusion is authorized:

- (a) Excluding short-term use to gain immediate control of an inmate exhibiting dangerous or destructive behavior, an inmate may be placed in clinical restraints or therapeutic seclusion only on the orders of a qualified health care professional and only after making a determination that less restrictive interventions are ineffective to prevent the inmate from causing property damage or serious injury to him/herself or others.
- (b) Medical restraints or therapeutic seclusion shall never be ordered or otherwise applied as a means of coercion, discipline, punishment, convenience or retaliation.
- (c) The qualified health care professional's order may only be in effect for up to 12 hours for adult inmates and up to two hours for inmates age 17 or younger.
- (d) Within one hour of the application of restraints or therapeutic seclusion, a face-to-face observation of the inmate to evaluate the need for continued restraint or therapeutic seclusion shall be conducted by a qualified health care professional.

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- (e) If deemed clinically necessary, the qualified health care professional who gave the initial order for restraints or therapeutic seclusion may renew the original order for an additional four hours for an adult or up to two hours for a person who is age 17 or younger.
- (f) Inmates placed in medical restraints shall be placed in designated cells within the medical unit. The restraints shall be applied in the least restrictive manner possible, based on the qualified health care professional's evaluation and order.
- (g) Inmates placed in restraints shall only be placed in a face-up position.
- (h) A qualified health care professional shall conduct face-to-face checks at minimum every 15 minutes to assess the inmate's condition and behavior. The restraints shall be checked for proper application and to ensure that circulation is not compromised. Checks shall be documented in the inmate's medical file.
- (i) Except in the event of a medical emergency for the inmate, only a qualified health care professional shall determine when an inmate shall be released from medical restraints or therapeutic seclusion.
- (j) Clinical restraints shall be monitored as recommended by the Responsible Physician (20 Ill. Adm. Code 720.60(b)). This monitoring shall maintain the 15 minute checks.

#### **510.5 RANGE OF MOTION**

Inmates placed in restraints for longer than two hours should receive a range-of-motion procedure that will allow for the movement of the extremities. Range-of-motion exercise will consist of alternate movement of the extremities (i.e., right arm and left leg) for a minimum of 10 minutes every two hours.

#### **510.6 FOOD AND HYDRATION**

Inmates who are confined in restraints shall be given food and fluids. Provisions shall be made to accommodate any toileting needs at least once every two hours. Food shall be provided during normal meal periods. Hydration (water or juices) will be provided no less than once every two hours or when requested by the inmate.

Offering food and hydration to inmates will be documented to include the time, the name of the person offering the food or water/juices, and the inmate's response (receptive, rejected). Inmates shall be given the opportunity to clean themselves should they soil themselves or their clothing while they are in restraints.

#### **510.7 AVAILABILITY OF CARDIOPULMONARY RESUSCITATION EQUIPMENT**

Cardiopulmonary resuscitation (CPR) equipment such as barrier masks shall be provided by the facility and located in close proximity to the location where inmates in restraints are held.

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### **510.8 RESTRAINED INMATE HOLDING**

Restrained inmates should be protected from abuse by other inmates. Under no circumstances will restrained inmates be housed with inmates who are not in restraints. In most instances, restrained inmates are housed alone or in an area designated for restrained inmates.

### **510.9 PREGNANT INMATES**

Leg irons, shackles or waist shackles shall not be used on any pregnant inmate regardless of security risk (55 ILCS 5/3-15003.6(b)(3)).

Inmates who are known to be pregnant will not be handcuffed behind their backs while being transported. Upon discharge from a medical facility, postpartum inmates shall be restrained only with handcuffs in front of the body.

Other restraints may be applied only when all of the following exist (55 ILCS 5/3-15003.6(b)):

- (a) There is a substantial flight risk or some other extraordinary medical or security circumstance that dictates restraints be used to ensure the safety and security of the inmate, the facility staff, other inmates or the public.
- (b) A supervisor has made an individualized determination that such restraints are necessary to prevent escape or injury.
- (c) There is no objection from the treating medical care provider.
- (d) The restraints used are the least restrictive type and are used in the least restrictive manner.

Restraints shall be immediately removed upon the written or oral request of medical personnel. Oral requests made by medical personnel shall be verified in writing as promptly as reasonably possible (55 ILCS 5/3-15003.6(b)).

#### **510.9.1 INMATES IN LABOR**

No restraints, except for clinical restraints used by medical personnel, may be applied to inmates during labor and no leg irons, shackles or waist shackles may be used on any inmate in recovery (55 ILCS 5/3-15003.6(b)(3); 20 Ill. Adm. Code 701.160(j)).

An correctional officer shall guard the inmate during transport to a medical facility for delivery and remain immediately outside the delivery room until the inmate is released from the facility, unless the correctional officer is requested to be in the room by medical personnel attending to the inmate (55 ILCS 5/3-15003.6(b)(8); 730 ILCS 125/17.5).

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## Report Preparation

### 207.1 POLICY

It is the policy of the Madison County Sheriff's Office that members shall act with promptness and efficiency in the preparation and processing of all reports.

### 207.2 PURPOSE AND SCOPE

Report preparation is a major part of each correctional officer's job. The purpose of these reports is to document incidents at the facility, refresh the correctional officer's memory and provide sufficient information for a follow-up investigation and successful prosecution or a disciplinary proceeding. Report writing is the subject of substantial formal and on-the-job training.

### 207.3 REPORT PREPARATION

Employees should ensure that reports are sufficiently detailed for their purpose and free from errors prior to submission. Reports shall be prepared by the staff assigned to investigate or document an incident, approved by a supervisor and submitted to the Jail Administrator or the authorized designee in a timely manner. Reports relating to any incident resulting in death, serious injury or endangerment to staff, inmates or a visitor; an escape; a major disturbance; a facility emergency; or an unsafe condition at the facility shall be submitted to the Jail Administrator as soon as practicable but within 24 hours of the incident. It is the responsibility of the assigned employee to ensure that all the above-listed reports meet this requirement or that supervisory approval has been obtained to delay the report. The supervisor must determine whether the report will be available in time for appropriate action to be taken, such as administrative notifications or resolution, investigative leads or an inmate disciplinary proceeding.

Handwritten reports must be prepared legibly. If the report is not prepared legibly, the employee shall be required by the reviewing supervisor to promptly correct the report. Employees who dictate reports by any means shall use appropriate grammar, as content is not the responsibility of the typist. Employees who generate reports on computers are subject to all requirements of this policy.

All reports shall accurately reflect the identity of the persons involved, all pertinent information seen, heard or assimilated by any other sense, and any actions taken. Employees shall not suppress, conceal or distort the facts of any reported incident, nor shall any employee make a false report orally or in writing. Generally, the reporting employee's opinions should not be included in reports unless specifically identified as such.

### 207.4 REQUIRED REPORTING

Written reports are required in all of the following situations on the appropriate office-approved form unless otherwise approved by a supervisor.

#### 207.4.1 CRIMINAL ACTIVITY REPORTING

When an employee responds to an incident, or as a result of self-initiated activity, and becomes aware of any activity where a crime has occurred, the employee is required to document the

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activity in a crime report. The fact that a victim is not desirous of prosecution is not an exception to documentation.

### 207.4.2 INCIDENT REPORTING

Incident reports generally serve as an in-house documentation of occurrences in the facility and to initiate, document, and support the inmate disciplinary process. The Office shall establish a filing system that differentiates between incident reports, crime reports, and disciplinary actions. This policy does not require the duplication of information on two different forms. Where both exist, cross-referencing facilitates retrieval of one or both.

Incidents that shall be documented using the appropriate approved report include:

- (a) Non-criminal incidents of rule violations by inmates.
- (b) Attempted suicide or suicidal ideation on the part of an inmate.
- (c) Non-criminal breaches of security or evidence of an escape attempt.
- (d) Non-criminal security threats, including intelligence related to jail activities.
- (e) Significant incidents related to medical issues, health, or safety in the jail.
- (f) Discovery of contraband in the possession of inmates or their housing areas.
- (g) Detaining or handcuffing any visitor at the facility.
- (h) Traffic collisions involving office vehicles.
- (i) Risk management incidents, including injuries to inmates and lost or damaged property.
- (j) Accidental injuries of staff, inmates, or the public.
- (k) Unusual occurrences.

### 207.4.3 DEATHS

All deaths shall be investigated and a report completed by a qualified investigating officer to determine the manner of death and to gather information, including statements of inmates and staff who were in the area at the time the death occurred.

Reporting of deaths will be handled in accordance with the Reporting Inmate Deaths Policy.

### 207.4.4 INJURY OR DAMAGE BY OFFICE PERSONNEL

Reports shall be taken if an injury occurs that is a result of an act of an employee. Reports shall be taken involving damage to office property or equipment.

### 207.4.5 USE OF FORCE

Reports related to the use of force shall be made in accordance with the Use of Force Policy.

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### 207.4.6 REPORTING EXTRAORDINARY AND UNUSUAL OCCURRENCES TO THE DEPARTMENT OF CORRECTIONS

The Jail Administrator or the authorized designee shall report to the Jail and Detention Standards Unit as soon as possible but within 3 business days all extraordinary or unusual occurrences, utilizing the form provided by the Unit (20 Ill. Adm. Code 701.30(c); 20 Ill. Adm. Code 720.130(c)).

- (a) Extraordinary or unusual occurrences are:
1. Death, regardless of cause.
  2. Attempted suicide if hospitalization or medical treatment is required.
  3. Serious injury, including accidental or self-inflicted injuries.
  4. Escape from confinement or attempted escape.
  5. Serious fire resulting in property damage, personal injury, or evacuation.
  6. Inmate disturbance involving four or more individuals, riot, or hostage situation.
  7. Battery on a staff member, visitor, or volunteer.
  8. Battery on detainees by a staff member.
  9. Battery on a detainee by another detainee if hospitalization or medical treatment is required.
  10. Sexual assault or attempted sexual assault.
  11. Occurrence of contagious or infectious disease or illness within the facility, excluding names of detainees or others involved.
  12. Discovery of firearms or weapons, as defined in 720 ILCS 5/31A-0.1, in detainee living or program areas.
  13. A written or oral act of intimidation by a detainee on detainees or staff for which criminal charges result.
  14. Excessive use of force by staff.
  15. Involuntary administration of medication.
  16. Use of a control device such as oleoresin capsicum (OC) spray, electro-muscular disruption device, restraint chair, baton, etc.
  17. Major property damage.
- (b) Information in the report shall include but not be limited to:
1. Name and address of the facility.
  2. Date, time, and type of the occurrence.
  3. Information regarding any detainee involved in the occurrence, including name, date of birth, date confined, and arresting charge.
  4. Information regarding any death, including the name of the deceased, the circumstances of the occurrence, and the date, time, and specific cause of death.

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5. Information regarding any detainee who was transported to a hospital or medical facility for treatment and whether admitted as an inpatient or released.
6. A summary of the facts and circumstances surrounding the occurrence.
7. Any recommendations to prevent subsequent occurrences.
8. Signature of the reporting officer and the date of the report.

### **207.5 GENERAL POLICY OF EXPEDITIOUS REPORTING**

In general, all employees and supervisors shall act with promptness and efficiency in the preparation and processing of all reports. Incomplete reports, unorganized reports, or reports delayed without supervisory approval are not acceptable. Reports shall be processed according to established priorities or according to special priority necessary under exceptional circumstances.

#### **207.5.1 GENERAL USE OF OTHER HANDWRITTEN FORMS**

County, state and federal agency forms may be block printed as appropriate. In general, the form itself may make the requirement for typing apparent.

### **207.6 REPORT CORRECTIONS**

Supervisors shall review reports for content and accuracy. If a correction is necessary, the reviewing supervisor should return it to the reporting employee for correction as soon as practicable. It shall be the responsibility of the originating employee to ensure that any report returned for correction is processed in a timely manner. It shall be the responsibility of the supervisor rejecting the report to follow up on any report corrections not received in a timely manner.

### **207.7 REPORT CHANGES OR ALTERATIONS**

Reports that have been approved by a supervisor and submitted to the Records Division for filing and distribution shall not be modified or altered except by way of a supplemental report. Reviewed reports that have not yet been submitted to the Records Division may be corrected or modified by the authoring employee only with the knowledge and authorization of the reviewing supervisor. Reviewing supervisors should not alter reports. When modifications are required, these should be the responsibility of the authoring employee.