

		Regional Manager Custodial Services / Operational Director Authority For Continuing Location In Body Belt																		
LOCAL REFERENCE NUMBER										/										
ESTABLISHMENT										HM										
ESTABLISHMENT CODE																				
Prisoner Details																				
Prison Number					Surname										Forename(s)					
Sex		Male										Female								
Ethnic Code (cross relevant code)		A1	A2	A3	A9	B1	B2	B9	O1	O9	W1	W2	W9	M1	M2	M3	M9	NS		
Governor's/Director's Request For Authority																				
The prisoner named above was placed in a Body Belt at										Time			on		Date					
The prisoner		is*		is not*		wearing his or her own clothes. (* delete as appropriate)										N.B. Clothing should only be removed as an exception and needs ACCT case review involvement.				
The reason for locating him or her in a Body Belt was as follows:																				
A Multi-Disciplinary Case Review was held at										Time			on		Date					
The decision to recommend continuing use of the Body Belt was made for the reasons given below (comment on what plans are in place to end its use, with an envisaged timeframe):																				
Governor in Charge/Director					Signature					Time			Date							

Doctor/Registered Nurse's Confirmation

I confirm that there are no apparent clinical reasons to advise against the continued use of a Body Belt

Doctor/ Registered Nurse

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Signature	
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Time	
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Date	
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Regional Manager Custodial Services/ Operational Director's Decision

I	do *	do not *	authorise the continued use of a Body Belt. (* delete as appropriate)
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If authority is given for the continued use of a Body Belt it will be for a period up to:

Time	
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Date	
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Regional Manager –
Custodial services /
Operational Director

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Signature	
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Time	
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Date	
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Regional Manager – Custodial Services/Operational Director's reasons

1. A completed copy of this form must be kept with the original Form OT012.
2. An entry must be made in the prisoner's Segregation History Sheet.