



Band-It System Use Form

This form is to be completed, in its entirety, every time the Band-It is applied to a subject!

1. Agency: _____ Date: _____
Division: _____
2. Assignment:
Court Transport Custody Work Other
3. Method of Transport:
Vehicle Walking Aircraft Boat Other
4. Subject Name: _____
Status / Charge: _____
Custodial Officer: _____ Control #: _____
5. Stun Pack #: _____ Transmitter #: _____
Unit Testing: Private 25 to 150 Feet In Subjects View
6. Force Necessary to Place System on Subject:
None Unwilling Physical Restraint Required
7. Time Out: _____ Time In: _____
8. Date of Last Battery Charge: _____
9. Use:
Activation Not Required Activation Required
Number of Applications: _____
Length of Contact: _____

IF THE UNIT WAS ACTIVATED, THE REVERSE SIDE OF THIS FORM MUST BE COMPLETED!

10. Reason for activating the Band-It System:

11. Effects:

12. Complaints from subject:

13. User remarks:

Date: _____

Time: _____

Signature: