

ESCAPE CHECKLIST

REPORTING FACILITY	DATE	TIME
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INMATE NAME	ODOC NUMBER	ALIAS(S)
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CHECK THE BELOW LISTED ITEMS FOR POSSIBLE LEADS TO INMATE'S LOCATION:

<input type="checkbox"/> VISITING CARD	<input type="checkbox"/> TELEPHONE LOG (CCC)
<input type="checkbox"/> FIELD CLASSIFICATION FILE	<input type="checkbox"/> TELEPHONE CARD (INSTITUTION)
<input type="checkbox"/> PASS REQUESTS (CCC)	<input type="checkbox"/> SEARCH OF BELONGINGS/LIVING AREA
<input type="checkbox"/> ROOMMATES/FRIENDS QUESTIONED	<input type="checkbox"/> EMPLOYER NOTIFIED/QUESTIONED (CCC)
<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> CONTACT FORMER ODOC FACILITY FOR ANY AVAILABLE INFORMATION
<input type="checkbox"/> CONTACT LOCAL JAILS	<input type="checkbox"/> CONTACT LOCAL HOSPITALS

CONTACT THE BELOW LISTED PERSONS FOR POSSIBLE INFORMATION CONCERNING THE ESCAPEE'S LOCATION AND ASK THEM TO CONTACT YOUR FACILITY/LOCAL LAW ENFORCEMENT IF ESCAPEE IS SIGHTED.

NAME/RELATIONSHIP TO ESCAPEE	ADDRESS	PHONE	DATE/TIME/STAFF INITIALS
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PROVIDE THE BELOW LISTED INFORMATION TO LOCAL LAW ENFORCEMENT IF LEADS DEVELOP:

<input type="checkbox"/> COPY OF ESCAPE CHECKLIST	<input type="checkbox"/> PICTURE OF ESCAPEE
<input type="checkbox"/> COPY OF ESCAPEE'S CONSOLIDATED RECORD CARD	

WRITE INCIDENT/MISCONDUCT REPORT AND PLACE IT WITH THE ESCAPE CHECKLIST

WRITTEN BY	DATE	TIME
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COMPLETE AN INVENTORY OF INMATE'S PERSONAL PROPERTY AND STORE IT

COMPLETED BY	DATE	TIME	LOCATION OF PROPERTY
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