

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Enforcement Operations</u> STATEMENT NUMBER <u>5.45</u>
SUBJECT: GUIDANCE FOR INMATE SUPERVISION FOR DEPARTMENTAL & NON- DEPARTMENTAL PERSONNEL PROPONENT: <u>Joseph Diament, Director</u> <i>Name/Title</i> <u>Community Corrections 271-</u> <u>5601</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>08/30/13</u> REVIEW DATE <u>08/30/14</u> SUPERSEDES PPD# <u>5.45</u> DATED <u>07/01/12</u>
ISSUING OFFICER: <hr/> <i>William Wrenn, Commissioner</i>	DIRECTOR'S INITIALS: _____ DATE: _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

- I. **PURPOSE:**
To establish procedures for the supervision of inmates who are on work assignments by departmental and non-departmental personnel.
- II. **APPLICABILITY:**
To all departmental and non-departmental personnel supervising inmates.
- III. **POLICY:**
It is the policy of NH Department of Corrections (NHDOC) that departmental and non-departmental staff supervises inmates at work sites on and off the grounds of any Department of Corrections facility.
- IV. **PROCEDURE:**
 - A. **Eligibility**
Agencies of State and Local Government and any non-profit organizations that have been reviewed and approved by the Unit Manager/Captain may apply for inmate work crews. These crews may not replace regular employees.
 - B. **Application**
Application is made in writing on agency letterhead, to either of the following approving authorities (including specified designees): the Director of Community Corrections for the Transitional Work Center Housing Unit inmate work crews and Shea Farm female work crews and the Warden/Designee of the Northern NH Correctional Facility (NCF) for NCF inmate work crews. The request must be signed by a member of the entity's management and include: description of the work to be done, location, duration, size of crew requested, names of supervisors and point of contact at said entity.
 - C. **Acceptance**
Corrections Staff will notify the requesting entity's point of contact. Once a request is approved by the approving authority, and prior to any crews working, agency supervisors will

- receive an orientation including, but not limited to; the "Guidance for Prisoner Supervision for Departmental and Non-Departmental Personnel" (attachment 1) and Prison Rape Elimination Act Overview of Sexual Misconduct (attachment 2). The orientation is valid for a period of six months and NO ONE who has not been oriented may supervise inmates under this PPD. Agencies that have not utilized a work crew for a period of 30 days must have their supervisors re-oriented. Departmental and non-departmental personnel utilizing inmate workers will be required to read the attached guidelines and certify having done so by their signature. Signed copies of the reviewed guidelines will be retained at the correctional facility. A copy of all instructions/policies will be given to the requesting agency. Individual Job Supervisor and Work Location Information Form (Attachment 3) and the Indemnity Agreement (Attachment 4) must be completed, signed and returned to the sending DOC facility by the agency employing inmate(s). State agencies are exempt from the Indemnification requirement. The DOC sending facility will retain these completed forms.
- D. All departmental and non-departmental personnel supervising inmates at all work sites off DOC grounds should receive orientation regarding these procedures in the six months preceding the supervision event. This will be documented on the Off-Grounds Inmate Work Crew Job Site Orientation Tracking Form (attachment 5). Agencies using inmate work crews are responsible for reviewing the Off-Grounds Program Work Contract (Attachment 6) with each and every inmate assigned to their work crew before they start working on the assigned work crew, and will send the signed contract back to the sending corrections facility along with the Work Contract Signature Confirmation Sheet (Attachment 7) at the end of the first day of work. At the beginning of every subsequent month, all parties will review the contract and sign the Signature Confirmation Sheet again, and return this form to the sending corrections facility.
- E. Methodology of Review Process for Off-Grounds C-2 Inmate Workers
1. DOC staff supervised worksites will take priority for inmate staffing levels before any non-DOC work site.
 - a. Any inmate that is eligible for C-2 status can be off grounds under the supervision of a DOC staff member, except as noted in this policy.
 - b. The DOC supervision shall consist of no more than six inmates per one staff member unless otherwise approved by the Warden or the Director of Community Corrections.
 - c. Inmates serving time for murder are eligible for off grounds worksites only with DOC staff supervision and only within 12 months of their Minimum Parole Date (MPD).
 - d. Inmates serving time for escape or that have escape histories will be reviewed for eligibility by the standards established in the classification system. These inmates are not eligible for placement in non-DOC off grounds worksites.
 - e. All other aspects of PPD 5.45 will be followed.
 2. Non-DOC Staff Supervised Worksites

All inmates transferred to minimum security facilities will be eligible for a work assignment upon arrival in the Transitional Work Center (TWC). The TWC's Management Team is advised to review the inmate's file prior to approving an inmate's work assignment. Eligibility for off-grounds work requires that an inmate's file **NOT** include:

 - a. Sex offense (except for work at off grounds DOC facilities and only under the direct supervision of DOC staff);
 - b. Escapes;
 - c. Violent crimes (homicide, rape, armed robbery, assault);
 - d. A guilty finding of three minor or one major disciplinary report within 90 days; and/or
 - e. Keep away alerts (inmates with cautionary flags on their file regarding an

inability to enter some counties due to crime-related/adjudicated restrictions).

- F. Methodology of Review Process for Off-Grounds C-1 ABS Inmate Workers
1. Upon achieving C-1 Awaiting Bed Space (ABS) classification and **not having been** objected by the Court, inmates may be considered to work on an off-grounds crew at the discretion of the sending facility staff. For off- grounds work consideration staff will evaluate disciplinary record, work history, medical limitations and overall unit performance.
- G. Proper Job Change Requests will process in accordance with PPD 7.15
- H. All off-grounds DOC work crews will be inspected at least twice a month by DOC personnel. Inspections will include touring work areas and random pat searches. These inspections will be documented on the Job Site Inspection Tracking Form (attachment 8) and forwarded to the applicable Division Director/Designee or applicable Warden/Designee for review monthly. A member of the management team will ensure that these inspections are conducted on a regular basis.
- I. All site supervisors will be responsible for completing the Department of Corrections Work/Training Performance Report (attachment 9) at the end of every month and sending it to the crew members' Corrections Facility. A report must be completed on each inmate.
- J. If an inmate is injured on the job site, the site supervisor will follow the instructions as stated in the Guidance for Inmate Supervision for Departmental and Non-Departmental Personnel (attachment 1). The supervisor is also responsible for filling out the Inmate Injury Report Form (attachment 10) and forwarding it to the Corrections Facility.
- K. In an effort to make the workplace safer for all inmates, any inmate working with machinery or motorized tools must be trained in its safe operation. Documentation of such training must be furnished to the Department of Corrections by completing the Inmate Machinery Instruction Form (attachment 11) a copy of which is filed in the inmate's Corrections Facility.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition Standards

Standards for Adult Correctional Institutions
Fourth Edition Standards

Standards for Adult Community Residential Services
Fourth Edition Standards

Standards for Adult Probation and Parole Field Services
Third Edition Standards

Other

DIAMENT/clr

Attachments

GUIDANCE FOR PRISONER SUPERVISION FOR DEPARTMENTAL AND NON-DEPARTMENTAL PERSONNEL

The New Hampshire State Department of Corrections provides prison workers both to assist other state and local government agencies in the economical discharge of duties and to provide a meaningful work experience for the assigned inmate. They are not meant to supplant or replace regular employees, nor are they to be considered a permanent asset. Inmates are only to be transported in state owned or fully insured company vehicles. Inmates will be transported with at least one individual of the same gender as the inmate work crew.

AS AN INMATE SUPERVISOR YOU MUST:

- Adhere to all standards and expectation of the Prison Rape Elimination Act (PREA)(attachment 2).
- Treat inmates assigned to you with the same respect as other workers while maintaining the appropriate employer/employee relationship. Addressing and being addressed by LAST NAMES ONLY i.e Mr. Smith/Ms. Smith is the expectation that will serve this policy.
- Explain clearly what you want done and how you want it done.
- Check on the inmate(s) in thirty minute increments ensuring that they are still there and doing what you want. Avoid setting patterns and being predictable with your checks.
- Call the Sending Facility at two (2) hour intervals 0900, 1100, 1300 and 1500 and report the inmate's presence.
- Return the inmate(s) to the sending facility at the agreed upon time.
- Notify the sending facility in advance of any changes in job location or itinerary.
- Remember there are certain activities an inmate cannot engage in, and if there are any questions, refer them to the sending facility.
- Read the "Off Grounds Program Work Contract" with the inmate, complete the necessary forms and return them to the sending facility at the end of every month.
- Complete the Department of Corrections Work/Training Performance Report (attachment 9) and return it to the sending facility at the end of every month along with the Program Work Contract and Confirmation sheet

INMATE INJURIES:

- When responding to an emergency medical situation involving a road crew inmate:
 - a. Minor injury (no ambulance required): The supervisor will treat the inmate on site and call corrections staff. Should the corrections staff notified believe that the source of the injury is questionable the officer may instruct that the inmates be returned to the facility. The site supervisor will complete the Inmate Injury Report Form (attachment 10) and return it to the sending facility.
 - b. Major injury (ambulance transport required): The site supervisor will accompany the inmate to the hospital in the ambulance. The supervisor will designate a staff member who has been through the proper corrections work crew supervision orientation to transport the remaining inmates back to the corrections facility immediately. The supervisor will call the corrections facility and appraise the facility of the inmate's status. At that time a correctional officer will be dispatched to the hospital to relieve the work crew supervisor. The site

supervisor

will be required to complete an Injury Report Form (attachment 10) and return it to the sending facility.

INMATES MUST NOT:

- Leave the job site without supervision.
- Have any visitors at the work site or prolonged contact with civilians who have not been approved/cleared by prison officials.
- Use the telephone, communication devices or fax machine for any reason.
- Use any alcohol, alcohol based products, drugs or tobacco products.
- Request you do any special "favors", such as intermediate stops, delivering or picking up any items, to include mail, making purchases or running errands.
- Wear any clothing other than the standard prison issue green uniform. Inmates are not allowed to wear any type of civilian clothing at any time.
- Possess any form of paper currency, credit or debit cards, identification cards, phone cards, calling cards, ATM cards or any form of negotiable instrument.
- Cross state lines.
- Correspond with or have any social contact with any of your agency's employees while the inmate is under specific probation/parole terms or conditions of the Department of Corrections
- Enter private residences or privately owned vehicles.
- Use recreation equipment
- Drive any motored vehicle either on or off public ways, operation of lawnmowers, tractors, fork lifts, etc. are permitted with the appropriate training and safety equipment and only on the designated job site. An Inmate Machinery Instruction Form must be completed and returned to the sending facility's Unit Manager or Operations Bureau.
- Have access to any personnel information, such as employee or client files, computer networks, central data bases or personal records.

IF INMATES ESCAPE OR CANNOT BE ACCOUNTED FOR:

- Immediately check the area to see if they are nearby.

IF THEY CANNOT BE ACCOUNTED FOR, CALL THE SENDING FACILITY TO REPORT THE FOLLOWING:

- Your name and agency location.
- The inmate's name.
- When and where last seen.
- What clothing was worn.
- What items were left behind, and what civilian clothing, if any, is missing from the area.
- Any special circumstances, such as emotional condition, visitors or attempted visits, messages left, conversations, or anything that may help locate them or determine a destination.
- Return other inmates to the prison immediately so they can be interviewed.

ON THE JOB:

Agencies utilizing inmate labor must be prepared to pick up and return the inmates to their living quarters at the facility. Inmates will be transported in state or fully insured company vehicles and transported/supervised with at least one individual of the same gender as the inmate work crew. When picking up or returning inmates, you should check in with the staff on duty to inform them who you are, what agency you represent, and that you are there to pick up or return a specific detail of inmates.

While accomplishing work at the job site, it is desirable for inmates to work side by side with regular employees. Experience has shown that everyone benefits from this arrangement. However, employees should not discuss personal information with the inmates. Prepare yourself for the direct question, to wit "Do you live in blank or aren't you from blank"? These questions can be best answered by simply stating that you do not discuss your personal business while at work.

The Department of Corrections has a zero tolerance policy towards any sexual or physical relations with an inmate while incarcerated or under any terms or conditions of the Department of Corrections. Under New Hampshire Laws, one cannot legally consent to sexual activity with anyone else while incarcerated. As supported and outlined in "THE PRISON RAPE ELIMINATION ACT of 2003 (PREA)" a Federal initiative to NH CRIMINAL CODE chapter 632: A, along with an established nationwide standard of ZERO tolerance for the incidents of inmates and staff "supervising officials" sexual encounters. This act doesn't tolerate any perceptions of "consensual encounters" or behaviors between these parties. In your capacity as supervisor you are an extension of the Department of Corrections and must adhere to these standards. Those that fail to abide by this act will be subject to disciplinary action and potential criminal prosecution.

Do not allow yourself or any of your employees to be talked into doing favors for inmates, no matter how simple or innocent it may seem. Inmates are excellent con artists and will try to get you to do things you know you should not do. A simple "NO" should end the request. If it doesn't, inform correctional staff at the sending facility. Any attempt by inmates to violate or otherwise circumvent any rule or policy should be reported to a correctional staff member.

Please report any unusual occurrences, behaviors or conversations. Frequently, these can indicate future problems, and these are best handled at the facility rather than the job site.

You may not always get the same inmates every day for the same job. Specific inmates may not be available for a variety of reasons. Since the inmates are meant to be supplemental help and not replacement staff, this should not be a problem. Inmates may also be removed from a particular assignment for a variety of reasons. Correctional staff will decide which inmates go on which jobs. Sometimes inmates will ask supervisors to request a particular inmate so that they can work with their buddies. Request for individual inmates will normally be denied.

In an effort to make the workplace safer for all inmates, any inmate working with machinery or motorized tools must be trained in its safe operation. Documentation of such training must be furnished to the Department of Corrections by completing the Inmate Machinery Instructions Form (attachment 11). The documentation must be specific to the machine or motorized tool the inmate will be using. These forms must be returned to the sending facility Unit Manager or Operations Bureau.

If you have special needs, e.g. you will be working late, need a larger crew, or are experiencing problems, contact the corrections staff directly at the sending facility. Do not rely on inmates to transmit information. It will not be considered.

If you have any questions, please corrections staff either by telephone or when you pick up or drop off inmates. Conversations can be held in private areas away from the inmates.

SENDING FACILITIES

Concord Transitional Work Center – 271-1922
NHSP for Women, Goffstown - 668-6137
Northern NH Correctional Facility, Berlin - 752-0301
Shea Farm Transitional Unit - 271-22780



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
Office of the Commissioner
P.O. BOX 1806
CONCORD, NH 03302-1806
Fax: 603-271-5643
TDD Access: 1-800-735-2964

OVERVIEW OF SEXUAL MISCONDUCT

I. Definition of Sexual Misconduct

Sexual misconduct as it relates to NHDOC is conduct of a sexual nature that is directed by staff toward offenders, by offenders toward other offenders, or by offenders toward staff. An “offender” is anyone under the care, custody and supervision of the Department of Corrections. “Staff” or “staff member” is anyone employed by, contracted by or volunteering for the Department of Corrections. Sexual misconduct includes, but is not limited to the following acts or attempted acts:

1. Sexual contact and/or intercourse
2. Requiring or allowing an inmate to engage in sexual contact, sexual intercourse, or other sexual conduct for any reason (e.g. sexual gratification of a staff member).
3. Any action designed for sexual gratification of an inmate or staff member, such as masturbating in front of another person.
4. Making or encouraging obscene or sexual advances, gestures or comments or exposing genitalia, buttocks or female breasts.
5. Touching of self in a sexually provocative way.
6. Initiating any form or type of communication of a sexual nature.
7. Influencing or making promises regarding safety, custody, parole status, privacy, housing, privileges, work assignments, program status, etc. in exchange for sexual favors. This includes an exchange of anything of value between staff and inmate or inmate and inmate.
8. Threats, intimidation or retaliation.

No one has the right to pressure anyone to engage in sexual acts. Inmates should not tolerate sexual assault or pressure to engage in any sexual behavior. Under NH laws, one cannot legally consent to sexually activity with anyone else while incarcerated.

Therefore, it is never appropriate for a staff member to make sexual advances or comments, or to engage in sexual contact with an offender. A staff member would be committing a criminal offense by participating in any sexual activity with an inmate. It is not appropriate for an inmate to approach a staff member in a sexual manner; this type of behavior is prohibited and corrective action will be taken to stop such behavior from occurring.

Anyone who sexually abuses or assaults an offender or staff member will be disciplined and may be criminally prosecuted. Discipline and criminal prosecution are more likely to be successful if the abuse is reported immediately; but regardless of when the assault occurred, it should be reported.

I have read and received a copy of this document.

Offender Signature

Date

Staff Signature

Date

Attachment 3

INDIVIDUAL JOB SUPERVISOR AND WORK LOCATION INFORMATION SHEET

Agency: _____ Date: _____

Supervisor: _____ Title: _____

Job Location: _____ Phone Number: _____

Inmate(s) are not to be supervised by those who have not attended formal orientation training
_____ (initials)

It is recommended that the inmate(s) break away from but in sight of supervisors. This will prevent
inmates from learning personal things about you. _____ (initials)

Give a brief description of inmate work duties (as you understand them):

I understand that the inmates provided to my agency are under the care, custody and control of the New Hampshire Department of Corrections. I have received a copy of the "Guidelines for Inmate Supervision for Departmental and Non-Departmental Personnel" and agree to abide by the rules and procedures outlined. I understand that violations of these rules may result in the suspension or cancellation of my agency from the program

Signature

Date

INDEMNITY AGREEMENT

Agencies approved to supervise inmate work crews off grounds of any New Hampshire Department of Corrections facility, by inmates of the New Hampshire Department of Corrections as a condition precedent thereto, does hereby expressly agree to indemnify and hold harmless the State of New Hampshire and its employees, its agencies and instrumentalities against all suits, actions, claims, demands or costs of any kind to which the State of New Hampshire, its agencies and instrumentalities may be subject by reason of damage or injury (including death) to the property or from any operations hereafter performed by the inmate of the New Hampshire Department of Corrections or by the undersigned, its agents or employees.

The undersigned hereby waives any and all claims which, but for this waiver, it may have, or which it may hereafter acquire, against the State of New Hampshire, arising out of the operations above.

I have read the **GUIDELINES FOR INMATE SUPERVISION FOR DEPARTMENTAL AND NON-DEPARTMENTAL PERSONNEL, PRISON ELIMINATION ACT OVER VIEW OF SEXUAL MISCONDUCT AND INDEMNITY AGREEMENT** and agree to comply as outlined.

Printed Name of Class Attendee/Supervisor

Date

Signature of Class Attendee/Supervisor

Date



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS

OFF-GROUNDS PROGRAM WORK CONTRACT

I, _____, ID # _____, have been assigned to a work detail which is not located on the grounds of the New Hampshire Department of Corrections. In accepting this work assignment, I agree to and acknowledge the following:

- I will not leave my work site unless accompanied by my work site supervisor
- I will not leave the transporting vehicle at any time while enroute to or from the work site.
- I will not be in any vehicle without specific instructions from my work site supervisor
- I am not to receive personal visits, written correspondence, phone calls, electronic communications or prolonged interaction with any civilians who have not been approved/cleared by Prison officials.
- I will not bring anything with me to my work site (excluding my state provided lunch), nor will I eat any food other than what is provided for my from the Prison (even if offered).
- I acknowledge my reactions to the following medical concerns, Bee Stings _____ Poison Ivy _____ Asthmatic _____ Other _____.
- I will not ask anyone I come in contact with to do **ANY PERSONAL FAVORS** for me (to wit: using their phone, buying or giving me food, newspapers or mailing a letter, etc).
- I understand that it is expected of me to remain disciplinary free in order to maintain this employment. I further understand that any disciplinary report may result in being terminated and/or placed in RPS or PAR status.
- I will conduct myself in a mature, responsible and professional manner at all times. I will refrain from asking staff personal questions, joking around or becoming **UNDULY FAMILIAR** and understand staff/inmate expectations. I will only address and be addressed by Mr./Ms last names. I understand that this a condition of employment.
- I will avoid any and all temptations of **RELATIONSHIPS, ALCOHOL, DRUGS OR TOBACCO** related products, either by asking my work site supervisor, or by making arrangements for an outside party to leave said products for me at my work site, nor will I take advantage of this job opportunity by attempting to introduce said items into the Correctional Facility.
- I will not operate any power equipment that I have not been properly trained to operate and confirmed in writing by my work site supervisor.
- I will wear protective clothing and/or equipment when necessary, and report any/all injuries.
- I will always be dressed in my full prison uniform with my prison ID properly displayed (when applicable). I understand that I must be, at a minimum, dressed in my white t-shirt and green pants.
- I will communicate my schedule to the site supervisor as to when I will not be available as a result of appointments.

Inmate Signature: _____

Date: _____

Agency Supervisor Signature: _____

Date: _____

NH Dept. of Corrections: _____

Date: _____



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS

WORK CONTRACT SIGNATURE CONFIRMATION SHEET

To be signed by site supervisors and inmates

- Inmates first day at job site**
(return to correctional facility at days end)

- End of the month review**
(return to correctional facility when completed)

Signatures below acknowledge and confirm that all parties as a **GROUP** have read, understand and will adhere to said expectations of the New Hampshire Department of Corrections

For the MONTH of: _____

Site Name: _____

Supervisor Signatures

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Inmate Signatures

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Received Signature
NH Department of Corrections

Date

STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
Office of the Commissioner

**NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS
WORK/TRAINING PERFORMANCE REPORT**

Inmate Name: _____
Inmate ID #: _____
Work Site: _____

Date: _____
Unit: _____
Inmate Position: _____

Instructions: Please read and circle the rating score in each performance category that best describes the above named inmate's work/training performance for this quarter.

ATTENDANCE:

PUNCTUALITY

- (1) Often tardy – work seems secondary
- (2) Requires occasional counseling
- (3) Occasionally late
- (4) Always on time

DEPENDABILITY

- (1) Poor record requires counseling
- (2) Frequently absent – but with cause
- (3) Rarely absent
- (4) Perfect record since last rating

NOTIFICATION

- (1) Does not notify
- (2) Often fails to notify
- (3) Occasionally late or absent w/o notification
- (4) Never late or absent w/o notification

ATTITUDE:

INTEREST

- (1) Shows little or no interest
- (2) Passive acceptance
- (3) Show interest and enthusiasm
- (4) Intense enthusiasm

RESPONSIBILITY

- (1) Unwilling to accept
- (2) Passive toward new responsibility
- (3) Willingly accepts new responsibilities
- (4) Seeks additional responsibilities

COOPERATION

- (1) Does not cooperate
- (2) Cooperates reluctantly
- (3) Moderately cooperative
- (4) Promotes cooperative/team effort

CAPACITY:

DESIRE TO LEARN

- (1) Slow in learning interest
- (2) Average desire to learn
- (3) Above average desire
- (4) Exceptional desire

INITIATIVE

- (1) Needs considerable supervision
- (2) Normal supervision
- (3) Pushes work through on own
- (4) Finds extra work to do

JUDGMENT

- (1) Poor decision making skills
- (2) Average judgment
- (3) Above average reasoning
- (4) Outstanding logic and problem solving skills

JOB-SKILL PERFORMANCE:

ACCURACY

- (1) Fairly accurate – below average
- (2) Makes average number of errors
- (3) Makes few mistakes
- (4) Rarely makes mistakes

QUALITY

- (1) Sacrifices quality for quantity
- (2) Lacks sense of quality
- (3) Usually turns out quality
- (4) Consistently professional

ADAPTIBILITY

- (1) Refuses work cannot adapt to job spec
- (2) Easily frustrated – quits over small problems
- (3) Stable worker persists/overcomes obstacles
- (4) Excels – displays positive attitude

UPON COMPLETION TOTAL ALL SCORES FROM EACH CATEGORY:

1 TO 12 = F 13 TO 20 = D 21 TO 30 = C 31 TO 40 = B 41 TO 48 = A OVERALL SCORE: _____



/Printed Name or Agency Name

Department of Corrections/Received Signature

Attachment 10

STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS

INMATE INJURY REPORT

Inmate Name: _____ Date of Injury: _____

Inmate ID #: _____ Time of Incident: _____

Your Agency's Name: _____

Specific Location of Incident: _____

Give a description of injury (what happened): _____

****CALL THE SENDING FACILITY TO NOTIFY THEM AND DETERMINE IF THE INMATE MUST BE RETURNED TO THE FACILITY.**

Work Site Supervisor (Printed Name) Signature Date

NH Dept. of Corrections Signature Date

Comments: _____

**** PLEASE RETURN ORIGINAL TO THE SENDING FACILITY'S UNIT MANAGER OR OPERATIONS BUREAU ****



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS

INMATE MACHINERY INSTRUCTION FORM

From: _____

I, _____, have been instructed in the correct method on how to use the following
(Inmate's name printed)
Piece(s) of machinery:

- | | |
|------------------------------|---|
| 1. _____
specific machine | _____
(work site supervisor signature) |
| 2. _____
specific machine | _____
(work site supervisor signature) |
| 3. _____
specific machine | _____
(work site supervisor signature) |

Inmate's signature: _____ Date: _____

**** PLEASE RETURN ORIGINAL TO THE SENDING FACILITY'S UNIT MANAGER OR
OPERATIONS BUREAU****

NH Dept. of Corrections signature

Date