OKLAHOMA State Department of Health

Protective Health Services

Jail Inspections
Oklahoma State Department of Health
123 Robert S Kerr Ste. 1702 · Oklahoma City, OK 73102
Telephone (405) 426-8170 Fax (405) 900-7575
E-mail jails@health.ok.gov
http://jails.health.ok.gov

JAIL INCIDENT REPORT

Per 74 O.S. § 192.5 (B), the Department shall be notified no later than the next working day if any of the following incidents occur: (1) Extensive damage to detention facility property; (2) Serious injury to staff or inmate defined as life threatening or requiring transfer to outside medical facility; (3) Escape; (4) Serious suicide attempt, defined as life threatening or requiring transfer to outside medical facility; and (5) Death

The completed form may be submitted via e-mail at jails@health.ok.gov ; or fax at (405) 900-7575.

CHECK TYPE OF INCIDENT

- ☐ Extensive Damage to Facility Property
- ☐ Serious Injury to Staff
- ☐ Serious Injury to Inmate
- ☐ Escape
- ☐ Serious Suicide Attempt
- ☐ Death by Suicide
- ☐ Death

1. FACILITY (i.e. City or County Detention/Jail):

Name of Facility		Phone Number (Include Area Code)
Address		
City	State: Oklahoma	Zip Code

2. PERSON COMPLETING REPORT:

First Name	Last Name	Title
Phone Number (Include Area Code)	E-Mail	

3. DATE OF INCIDENT/OCCURENCE:

4. TIME OF INCIDENT/OCCURENCE:

5. Have you contacted any other Agency (OSBI, etc.)?

☐ YES ☐ NO

6. LOCATION (i.e. Cell Number, Room Name, Floor, Area, etc.)

7. INMATE(s) INVOLVED IN INCIDENT:

First Name	Last Name	DOB	Date Received in Facility

8. STAFF INVOLVED IN INCIDENT:

First Name	Last Name

First Name	Last Name

9. LIST WITNESSES (i.e. Inmates, Contractor, Other, etc.)

First Name	Last Name	Staff, Inmate, Other

10. DESCRIPTION OF INCIDENT (Be specific and detailed)

CLEAR

PRINT