

RESTRICTED - POLICY

RISK ASSESSMENT

Name

CORDELL S.P.

Custody No.

01YE

5001

12

Self Assessment

Is the detained person capable of understanding or answering?

Yes No

The following questions are to be asked, if 'Yes' or 'Other' record details

Do you require any help with reading or writing?

Yes No Other

Do you have any injuries?

Yes No Other

Record here the apparent injuries - Lacerations to right side of face, back, backs of both legs - caused by police dog bites. Left wrist sore - sustained during arrest.

Have you had or are you receiving any treatment for this?

Yes No Other

Are you taking or supposed to be taking any medication for these injuries?

Yes No Other

Do you have any medical conditions?

Yes No Other

Do you have any mental health problems?

Yes No Other

Have you ever tried to harm yourself?

Yes No Other

How are you feeling now?

Alright

Have you consumed alcohol/taken any drugs (prescribed or otherwise) or solvents within the last 24 hours?

Yes No Other

Are you:

Dependent on alcohol?

Yes No Other

Dependent on drugs (prescribed or otherwise)?

Yes No Other

Dependent on solvents?

Yes No Other

Dependent on any other substance?

Yes No Other

Do you wish to see or be contacted by an Independent Drug/Alcohol Referral Scheme Worker?

Yes No Other

Do you have any allergies, specific dietary needs or religious dietary needs?

Yes No Other

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