

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date: 5/13/04

Limbs Restrained:	Time In:	Time Out:	Limbs Restrained:	Time In:	Time Out:
Left arm	<u>0830</u>	<u>1030</u>	Left leg	<u>0830</u>	<u>1030</u>
Right arm	<u>0830</u>	<u>1030</u>	Right leg	<u>0830</u>	<u>1030</u>

Observation: (every 15 minutes)\*. Select the appropriate codes and initial each entry.

- |                            |                          |                        |                                   |
|----------------------------|--------------------------|------------------------|-----------------------------------|
| 1. Line of sight           | 7. Talking               | 13. Quiet              | 19. Crawling                      |
| 2. Beating or kicking door | 8. Mumbling incoherently | 14. Sleeping           | 20. Noncommunicative              |
| 3. Yelling or screaming    | 9. Standing              | 15. Requesting release | 21. Destructive Behavior          |
| 4. Cursing                 | 10. Walking or pacing    | 16. Harmful to self    | 22. Disrobing                     |
| 5. Crying                  | 11. Lying down           | 17. Threatening staff  | 23. Urinating/defecating on floor |
| 6. Laughing                | 12. Sitting              | 18. Assaultive         | 24. Other: See Notes (SF 509)     |

Monitoring/Care Provided: Select the appropriate codes and initial each entry.

- |                             |                             |                                 |                              |
|-----------------------------|-----------------------------|---------------------------------|------------------------------|
| A. Meal offered             | E. Toilet offered (q 2 hr)* | I. Circulation checks (q 2 hr)* | M. Bath/shower (qd)*         |
| B. Meal refused             | F. Toilet refused           | J. ROM (q 2 hr)*                | N. Bath/shower refused       |
| C. Fluids offered (q 2 hr)* | G. Medication accepted      | K. RN observation (q 2 hr)*     | O. Pt/staff interaction      |
| D. Fluids refused           | H. Medication refused       | L. Physician Visit              | P. VS (q 4 hr)*              |
| *Minimal Time Requirements  |                             |                                 | Q. Other: See Notes (SF 509) |

Time	Code	Initials	Time	Code	Initials	Time	Code	Initials	Time	Code	Initials
0600			0600			1200			1800		
0615			0615			1215			1815		
0630			0630			1230			1830		
0645			0645			1245			1845		
0700			0700			1300			1900		
0715			0715			1315			1915		
0730			0730			1330			1930		
0745			0745			1345			1945		
0800			0800			1400			2000		
0815			0815			1415			2015		
0830			0830	112, I, K		1430			2030		
0845			0845	112, I, K		1445			2045		
0900			0900	112, I, K		1500			2100		
0915			0915	112, I, K		1515			2115		
0930			0930	112, I, K		1530			2130		
0945			0945	112, I, K		1545			2145		
1000			1000	112, I, K		1600			2200		
1015			1015	112, I, K		1615			2215		
1030			1030	112, I, K		1630			2230		
1045			1045			1645			2245		
1100			1100			1700			2300		
1115			1115			1715			2315		
1130			1130			1730			2330		
1145			1145			1745			2345		
Signature:		Initials:	Signature:		Initials:	(b)(3):10 USC §130b,(b)(6)					

*CPB am*

MEDICAL RECORD		DOCTOR'S ORDERS (Sign all orders)			
DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
12 March	0730		<b>RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING</b>		
			Place Detainee in <b>(b)(1) Sec</b>		
			Reason For Restraint: Medical Necessity for Feeding		
			Medical Restraints order expires after 12 hours		
			Line of Sight Observation while in restraints.		
			Circulation checks every 15 mins for the first hour and then every hour		
			Vital signs checks immediately after restraints and every 1 hour.		
			Offer restroom and fluids every 2 hours		
			Initiate Restraint Observation Checklist		
			(Orders to be signed by Licensed Independent Practitioner (LIP) within 1 hour of restraints)		
			GITMO <b>(b)(3):10 USC §130b,(b)(6)</b>		
			<b>INITIATION OF RESTRAINTS -- MEDICAL</b>		
			Reason for Restraint: Medical Necessity for Feeding		
			Despite being advised that hunger striking is detrimental to his health, the detainee refuses to eat. Restraints were ordered for medical necessity to facilitate feeding the detainee. There is no evidence that medications or a medical process is causing this detainee's refusal to eat. Detainee does not have any medical condition/disability that would place him at greater risk during feeding using medical restraints.		
			Detainee will be observed continually while in medical restraints.		
			Detainee was told that he will remain in restraints until feed and post feed observation time (60-120 minutes) is completed. Detainee understands that if he eats, that involuntary feeding in medical restraints will no longer be required.		
			GITMO <b>(b)(3):10 USC §130b,(b)(6)</b>		

(continues on reverse side)

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAME--last, first, middle; grade; rank; rate; hospital or medical facility)		REGISTER NO.	WARD NO.
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WAB

DOCTOR'S ORDERS  
MEDICAL RECORD

PROGRESS NOTES

(Sign all orders)

MEDICAL RECORDS

DATE AND TIME

3/12/02  
C/S/T

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - NURSING NOTE

Detainee placed in (b)(1) Reason for Restraint: Medical Necessity

Detainee was advised by the Medical Staff that hunger striking is detrimental to his health.

His behavior is due to his refusal to eat and not due to mental status change or illness.

Medical Staff/Guards attempted to get the detainee to eat on his own. He is being offered

food at every meal, yet he refuses to eat. Because the

detainee refuses to eat, restraints were initiated for medical necessity for feeding.

Detainee will be observed continually and he will be reminded of how his behavior must

change (he must eat voluntarily) to avoid the use of medical restraints for present

and future feedings. Detainee was told that he will remain in medical

restraints until feed and post feed observation (60-120 minutes).

GITMO Nurse

(b)(3):10 USC §130b,(b)(6)

3/12/02  
C/S/T

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%), a 10 F 12 F enteral feeding tube was

inserted in the R/ L nostril using standard procedure. A stylet was / was not used.

Patient tolerated the procedure well. Placement in stomach was confirmed by

insufflation and test dose of water. Successful procedure without complications.

GITMO Dr. / Nurse

(b)(3):10 USC §130b,(b)(6)

3/12/02  
C/S/T

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE

Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding

and was released from restraints and returned to his cell in good condition. Detainee was

released from restraints at 1510. Detainee had / did not have physical injury from the restraint

episode. Detainee reported the following problems related to the restraint episode.

GITMO Nurse

(b)(3):10 USC §130b,(b)(6)

(cont. use on reverse)

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAME--last, first,

middle, grade, rank, rate, hospital or medical facility)

*[Handwritten signature]*

PROGRESS NOTES

Medical Record

FORM 10-60 (REV. 1-61)  
GPO: 1961 O - 350-000

GTMO JMG 495

**RESTRAINT OBSERVATION SHEET**  
 U.S. Naval Hospital Guantanamo Bay, Cuba

NAVFORSYSCOM/NAVFORSYSCOM

Date: 3/12/04  
 Limb Restrained: Left arm Time In: 1315 Time Out: 1510  
 Right arm Time In: 1315 Time Out: 1510  
 Limb Restrained: Left leg Time In: 1315 Time Out: 1510  
 Right leg Time In: 1315 Time Out: 1510

Observation: (every 15 minutes)\*. Select the appropriate codes and initial each entry.

- |                            |                          |                        |                                   |
|----------------------------|--------------------------|------------------------|-----------------------------------|
| 1. Line of sight           | 7. Talking               | 13. Quiet              | 19. Crawling                      |
| 2. Beating or kicking door | 8. Mumbling incoherently | 14. Sleeping           | 20. Noncommunicative              |
| 3. Yelling or screaming    | 9. Standing              | 15. Requesting release | 21. Destructive Behavior          |
| 4. Cursing                 | 10. Walking or pacing    | 16. Harmful to self    | 22. Disrobing                     |
| 5. Crying                  | 11. Lying down           | 17. Threatening staff  | 23. Urinating/defecating on floor |
| 6. Laughing                | 12. Sitting              | 18. Assaultive         | 24. Other: See Notes (SF 509)     |

Monitoring/Care Provided: Select the appropriate codes and initial each entry.

- |                              |                             |                                 |                         |
|------------------------------|-----------------------------|---------------------------------|-------------------------|
| A. Meal offered              | F. Toilet offered (q 2 hr)* | I. Circulation checks (q 2 hr)* | M. Bath/shower (qd)*    |
| B. Meal refused              | G. Toilet refused           | J. ROM (q 2 hr)*                | N. Bath/shower refused  |
| C. Fluids offered (q 2 hr)*  | H. Medication accepted      | K. RN observation (q 2 hr)*     | O. Pt/staff interaction |
| D. Fluids refused            | I. Medication refused       | L. Physician Visit              | P. VS (q 4 hr)*         |
| *Minimal Time Requirements   |                             |                                 |                         |
| Q. Other: See Notes (SF 509) |                             |                                 |                         |

Time	Code	Initials	Time	Code	Initials	Time	Code	Initials	Time	Code	Initials
0000			0600			1200			1800		
0015			0615			1215			1815		
0030			0630			1230			1830		
0045			0645			1245			1845		
0100			0700			1300			1900		
0115			0715			1315	112 JIK	(b)(3)	1915		
0130			0730			1330	112 JIK	10	1930		
0145			0745			1345	112 JIK	USC	1945		
0200			0800			1400	112 JIK	§130	2000		
0215			0815			1415	112 JIK	b,(b)(	2015		
0230			0830			1430	112 JIK	6)	2030		
0245			0845			1445	112 JIK		2045		
0300			0900			1500	112 JIK		2100		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		
Signature		Initials	Signature		Initials	(b)(3):10 USC §130b,(b)(6)					

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
2/11/04	0730		<b>RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING</b>		
			Place Detainee in <b>(b)(1) Sec</b>		
			Reason For Restraint: Medical Necessity for Feeding		
			Medical Restraints order expires after 12 hours		
			Line of Sight Observation while in restraints.		
			Circulation checks every 15 mins for the first hour and then every hour.		
			Vital signs checks immediately after restraints and every 1 hour.		
			Offer restroom and fluids every 2 hours		
			Initiate Restraint Observation Checklist		
			(Orders to be signed by Licensed Independent <b>(b)(3):10 USC §130b,(b)(6)</b> P) within 1 hour of restraints)		
			<b>INITIATION OF RESTRAINTS -- MEDICAL</b>		
			Reason for Restraint: Medical Necessity for Feeding		
			Despite being advised that hunger striking is detrimental to his health, the detainee refuses to eat. Restraints were ordered for medical necessity to facilitate feeding the detainee. There is no evidence that medications or a medical process is causing this detainee's refusal to eat. Detainee does not have any medical condition/disability that would place him at greater risk during feeding using medical restraints.		
			Detainee will be observed continually while in medical restraints.		
			Detainee was told that he will remain in restraints until feed and post feed observation time (60-120 minutes) is completed. Detainee understands that if he eats, that involuntary feeding in medical restraints will no longer be re <b>(b)(3):10 USC §130b,(b)(6)</b>		
			<b>GITMO Dr.</b>		

(Continue on reverse side)

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAME--last, first, middle, grade, rank; rate, hospital or medical facility)	REGISTER NO.	WARD NO.
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6093

DOCTOR'S ORDERS  
MEDICAL RECORD

MEDICAL RECORD

PROGRESS NOTE

(Sign all orders)

DATE AND TIME

2/10/01  
P 1840

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - NURSING NOTE

Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity

Detainee was advised by the Medical Staff that hunger striking is detrimental to his health.

His behavior is due to his refusal to eat and not due to mental status change or illness.

Medical Staff/Guards attempted to get the detainee to eat on his own. He is being offered

food at every meal, yet he refuses to eat. Because the

detainee refuses to eat, restraints were initiated for medical necessity for feeding.

Detainee will be observed continually and he will be reminded of how his behavior must

change (he must eat voluntarily) to avoid the use of medical restraints for present

and future feedings. Detainee was told that he will remain in medical

restraints until feed and post feed observation (60-120 minutes).

GITMO Nurse

(b)(3):10 USC §130b,(b)(6)

3/12/01  
P 1840

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%), a 10 F 12 F enteral feeding tube was inserted in the R L nostril using standard procedure. A stylet was / was not used.

Patient tolerated the procedure well. Placement in stomach was confirmed by

insufflation and test dose of water. Successful procedure without complications.

GITMO Dr. / Nurse

(b)(3):10 USC

§130b,(b)(6)

2/12/01  
P 1840

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE

Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding and was released from restraints and returned to his cell in good condition. Detainee was

released from restraints at 11:30. Detainee had / did not have physical injury from the restraint

episode. Detainee reported the following problems related to the restraint episode.

GITMO Nurse

(b)(3):10 USC

§130b,(b)(6)

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAME--last, first, middle, grade, rank, rate, hospital or medical facility)

PROGRESS NOTES  
Medical Record

**RESTRAINT OBSERVATION SHEET**  
 U.S. Naval Hospital Guantanamo Bay, Cuba

Date: 3/12/01      Limb Restrained:      Time In:      Time Out:      Limb Restrained:      Time In:      Time Out:  
 Left arm      0840      1030      Left leg      0840      1030  
 Right arm      0840      1030      Right leg      0840      1030

Observation: (every 15 minutes)\*. Select the appropriate codes and initial each entry.

- |                            |                          |                        |                                   |
|----------------------------|--------------------------|------------------------|-----------------------------------|
| 1. Line of sight           | 7. Yawning               | 13. Quiet              | 19. Crawling                      |
| 2. Beating or kicking door | 8. Mumbling incoherently | 14. Sleeping           | 20. Noncommunicative              |
| 3. Yelling or screaming    | 9. Standing              | 15. Requesting release | 21. Destructive Behavior          |
| 4. Cursing                 | 10. Walking or pacing    | 16. Harmful to self    | 22. Disrobing                     |
| 5. Crying                  | 11. Lying down           | 17. Threatening staff  | 23. Urinating/defecating on floor |
| 6. Laughing                | 12. Sitting              | 18. Assaultive         | 24. Other: See Notes (SF 509)     |

Monitoring/Care Provided: Select the appropriate codes and initial each entry.

- |                              |                             |                                 |                         |
|------------------------------|-----------------------------|---------------------------------|-------------------------|
| A. Meal offered              | E. Toilet offered (q 2 hr)* | I. Circulation checks (q 2 hr)* | M. Bath/shower (qd)*    |
| B. Meal refused              | F. Toilet refused           | J. ROM (q 2 hr)*                | N. Bath/shower refused  |
| C. Fluids offered (q 2 hr)*  | G. Medication accepted      | K. RN observation (q 2 hr)*     | O. Pt/staff interaction |
| D. Fluids refused            | H. Medication refused       | L. Physician Visit              | P. VS (q 4 hr)*         |
| *Minimal Time Requirements   |                             |                                 |                         |
| Q. Other: See Notes (SF 509) |                             |                                 |                         |

Time	Code	Initials	Time	Code	Initials	Time	Code	Initials	Time	Code	Initials
0600			0600			1200			1200		
0615			0615			1215			1215		
0630			0630			1230			1230		
0645			0645			1245			1245		
0700			0700			1300			1300		
0715			0715			1315			1315		
0730			0730			1330			1330		
0745			0745			1345			1345		
0800			0800			1400			1400		
0815			0815			1415			1415		
0830			0830			1430			1430		
0845			0845			1445			1445		
0900			0900			1500			1500		
0915			0915			1515			1515		
0930			0930			1530			1530		
0945			0945			1545			1545		
1000			1000			1600			1600		
1015			1015			1615			1615		
1030			1030			1630			1630		
1045			1045			1645			1645		
1100			1100			1700			1700		
1115			1115			1715			1715		
1130			1130			1730			1730		
1145			1145			1745			1745		
Signature		Initials	Signature		Initials	Signature		Initials	Signature		Initials
						(b)(3):10 USC §130b,(b)(6)					

MEDICAL RECORD		DOCTOR'S ORDERS (Sign all orders)	
DATE AND TIME	RX	DRUG ORDERS	DOCTOR'S SIGNATURE / NURSE'S SIGNATURE
START	STOP		
11/28/06		<b>RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING</b>	
07:30		Place Detainee in <b>(b)(1) Sec</b>	
		Reason For Restraint: Medical Necessity for Feeding	
		Medical Restraints order expires after 12 hours	
		Line of Sight Observation while in restraints.	
		Circulation checks every 15 mins for the first hour and then every hour.	
		Vital signs checks immediately after restraints and every 1 hour.	
		Offer restroom and fluids every 2 hours	
		Initiate Restraint Observation Checklist	
		(Orders to be signed by Licensed Independent Practitioner (LIP) within 1 hour of restraints)	
		<b>INITIATION OF RESTRAINTS - MEDICAL</b>	
		Reason for Restraint: Medical Necessity for Feeding	
		Despite being advised that hunger striking is detrimental to his health, the detainee refuses to eat. Restraints were ordered for medical necessity to facilitate feeding the detainee. There is no evidence that medications or a medical process is causing this detainee's refusal to eat. Detainee does not have any medical condition/disability that would place him at greater risk during feeding using medical restraints.	
		Detainee will be observed continually while in medical restraints.	
		Detainee was told that he will remain in restraints until feed and post feed observation time (60-120 minutes) is completed. Detainee understands that if he eats, that involuntary feeding in medical restraints will no longer be required.	

(b)(3):10 USC  
USC

GITMO

(b)(3):10 USC  
§130b,(b)(6)

(b)(3):10 USC  
§130b,(b)(6)

NOTED: 11 MAR 2007 1300

072 PM

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAME--last, first, middle; grade; rank; rate; hospital or medical facility) REGISTER NO. WARD NO.

DOCTOR'S ORDERS  
MEDICAL RECORD



MEDICAL RECORD

PROGRESS NOTES

(Sign all orders)

DATE AND TIME

11 MAR 06

C 1330

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - NURSING NOTE

Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity

Detainee was advised by the Medical Staff that hunger striking is detrimental to his health.

His behavior is due to his refusal to eat and not due to mental status change or illness.

Medical Staff/Guards attempted to get the detainee to eat on his own. He is being offered food at every meal, yet he refuses to eat. Because the

detainee refuses to eat, restraints were initiated for medical necessity for feeding.

Detainee will be observed continually and he will be reminded of how his behavior must

change (he must eat voluntarily) to avoid the use of medical restraints for present

and future feedings. Detainee was told that he will remain in medical

restraints until feed and post feed observation (60-120 minutes). (b)(3):10 USC §130b,(b)(6)

GITMO Nurse

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2% (b)(3):10 USC §130b F / 12 F) enteral feeding tube was inserted in (b)(3):10 USC §130b R / (X) nostril using standard procedure. A stylet was / was not used.

Patient tolerated the procedure well. Placement in stomach was confirmed by

insufflation and test dose of water. Successful procedure without complication (b)(3):10 USC §130b,(b)(6)

GITMO Dr. / Nurse

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE

Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding and was released from restraints and returned to his cell in good condition. Detainee was

released from restraints at 1535. Detainee (b)(3):10 USC §130b did not have physical injury from the restraint

episode. Detainee reported the following problems related to the restraint episode (b)(3):10 USC §130b,(b)(6)

GITMO Nurse

(continues on reverse side)

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAME--last, first, middle, grade, rank, rate, hospital or medical facility)

PROGRESS NOTES  
Medical Record

242

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date: 1 MAR 06

Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
Left arm	<u>1330</u>	<u>1525</u>	Left leg	<u>1330</u>	<u>1525</u>
Right arm	<u>1330</u>	<u>1525</u>	Right leg	<u>1330</u>	<u>1525</u>

Observations: (every 15 minutes)\*. Select the appropriate codes and initial each entry.

- |                            |                          |                        |                                   |
|----------------------------|--------------------------|------------------------|-----------------------------------|
| 1. Line of sight           | 7. Talking               | 13. Quiet              | 19. Crawling                      |
| 2. Banging or kicking door | 8. Mumbling incoherently | 14. Sleeping           | 20. Noncommunicative              |
| 3. Yelling or screaming    | 9. Standing              | 15. Requesting release | 21. Destructive Behavior          |
| 4. Cursing                 | 10. Walking or pacing    | 16. Harmful to self    | 22. Disrobing                     |
| 5. Crying                  | 11. Lying down           | 17. Threatening staff  | 23. Urinating/defecating on floor |
| 6. Laughing                | 12. Sitting              | 18. Assaultive         | 24. Other: See Notes (SF 509)     |

Monitoring/Care Provided: Select the appropriate codes and initial each entry.

- |                             |                             |                                 |                              |
|-----------------------------|-----------------------------|---------------------------------|------------------------------|
| A. Meal offered             | F. Toilet offered (q 2 hr)* | I. Circulation checks (q 2 hr)* | M. Bath/shower (qd)*         |
| B. Meal refused             | E. Toilet refused           | J. ROM (q 2 hr)*                | N. Bath/shower refused       |
| C. Fluids offered (q 2 hr)* | G. Medication accepted      | K. RN observation (q 2 hr)*     | O. Pt/staff interaction      |
| D. Fluids refused           | H. Medication refused       | L. Physician Visit              | P. VS (q 4 hr)*              |
| * Minimal Time Requirements |                             |                                 | Q. Other: See Notes (SF 509) |

Time	Code	Initials	Time	Code	Initials	Time	Code	Initials	Time	Code	Initials
0000			0600			1200			1800		
0015			0615			1215			1815		
0030			0630			1230			1830		
0045			0645			1245			1845		
0100			0700			1300			1900		
0115			0715			1315			1915		
0130			0730			1330			1930		
0145			0745			1345			1945		
0200			0800			1400			2000		
0215			0815			1415			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		
Signature		Initials	Signature		Initials	Signature		Initials	Signature		Initials
						(b)(3):10 USC §130b,(b)(6)					

*DL2*