

RESTRAINT OBSERVATION SHEET

DATE: 2/16/06

Name: [Redacted]      Sex: [Redacted]      Age: [Redacted]      Race: [Redacted]  
 Left arm: [Redacted]      Right arm: [Redacted]      Left leg: [Redacted]      Right leg: [Redacted]

- Observations (every 15 minutes): Select the appropriate codes and initial each entry.
- |                             |                          |                        |                                   |
|-----------------------------|--------------------------|------------------------|-----------------------------------|
| 1. Line of sight            | 7. Fidgeting             | 13. Quiet              | 19. Crawling                      |
| 2. Beating or hitting floor | 8. Mumbling incoherently | 14. Sleeping           | 20. Noncommunication              |
| 3. Tugging 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 4 hr)* | M. Bath shower (qd)*     |
| B. Meal refused              | F. Toilet refused           | J. ROM (q 2 hr)*                | N. Bathshower refused    |
| C. Fluids offered (q 2 hr)*  | G. Medication accepted      | K. RN observation (q 2 hr)*     | O. Poststaff 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	1, 12, 13, 13, 13	(b)(3):1 0 USC	1400			2000		
0215			0815	1, 12, 13	§130b,(	1415			2015		
0230			0830	1, 12, 13, 13	b)(6)	1430			2030		
0245			0845	1, 12, 13		1445			2045		
0300			0900	1, 12, 13		1500			2100		
0315			0915	1, 12, 13, 13, 13		1515			2115		
0330			0930	1, 12, 13		1530			2130		
0345			0945	1, 12, 13		1545			2145		
0400			1000	1, 12, 13, 13, 13		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	(b)(3):10 USC §130b,(b)(6)				Signature		Initials		

693

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
			<b>RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING</b>		
16 Feb 06			Place Detainee in <b>(b)(1) Sec</b>		
0830			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 Independent	(b)(3):10 USC	er (LIP) within 1 hour of restraints)
			(b)(3):10 USC §130b,(b)(6)	GITMO/	
			<b>INITIATION</b>	<b>MEDICAL</b>	<b>NOTE</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	(b)(3):10 USC §130b,(b)(6)	
			GITMO/		

(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.

DOCTOR'S ORDERS  
MEDICAL RECORD

693

MEDICAL RECORD		PROGRESS NOTES (Sign all orders)	
DATE AND TIME			
2/16/06			
1314		<b>INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY-- NURSING NOTE</b>	
		Detainee placed in (b)(1) Sec	Reason for Restraint: <u>Medical Necessity</u>
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)
2/14/06		<b>PROCEDURE NOTE: INSERTION OF FEEDING TUBE</b>	
1314		Indication: Malnutrition; hunger strike	
Under local anesthesia (viscous lidocaine, 2%), a 10 F / <del>10</del> 12 F enteral feeding tube was			
inserted in the <del>R</del> L nostril using standard procedure. A stylet was <u>not</u> 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)
2/16/06		<b>DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE</b>	
1307		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 1307. Detainee had <u>not</u> had 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

693

RESTRAINT OBSERVATION SHEET

3-1-1997 (Rev. 10/90) (3)

Date: 2/14/06 Left Leg: 1310 Right Leg: 1310 Wrist: 1507 Right Wrist: 1507 Ankle: 1310 Right Ankle: 1507

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 object | 21. Destructive Behavior          |
| 4. Cursing                 | 10. Walking or pacing    | 16. Harmful to self   | 22. Digging                       |
| 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 4 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. Pts/staff interaction     |
| D. Fluids refused           | H. Medication refused       | L. Physician Visit              | P. VS (q 4 hr)*              |
| *Minimum Time Requirements  |                             |                                 | Q. Other: See Notes (SF 509) |

Time	Code	Initials	Time	Code	Initials	Time	Code	Initials	
0000			0600			1200			
0015			0615			1215			
0030			0630			1230			
0045			0645			1245			
0100			0700			1300	1, 2, 3, I, K, B	(b)(3) 10	
0115			0715			1315	1, 12, 13	USC	
0130			0730			1330	1, 12, 13, I, K	§130	
0145			0745			1345	1, 12, 13	b, (b)(6)	
0200			0800			1400	1, 12, 13		
0215			0815			1415	1, 12, 13, I, K		
0230			0830			1430	1, 12, 13		
0245			0845			1445	1, 12, 13		
0300			0900			1500	1, 12, 13, I, K		
0315			0915			1515			
0330			0930			1530			
0345			0945			1545			
0400			1000			1600			
0415			1015			1615			
0430			1030			1630			
0445			1045			1645			
0500			1100			1700			
0515			1115			1715			
0530			1130			1730			
0545			1145			1745			
Signature:	Initials: (b)(3):10 USC §130b,(b)(6)					Signature:	Initials:		

693

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
14 Feb 06 0819			<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> (LIP) within 1 hour of restraints)		
			GITMO		
			<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 <b>(b)(3):10 USC §130b,(b)(6)</b>		
			GITMO		

(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.

DOCTOR'S ORDERS  
MEDICAL RECORD

693

MEDICAL RECORD	PROGRESS NOTES
DATE AND TIME	(Sign all orders)
	<b>INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE</b>
	Detainee placed in <b>(b)(1) Sec</b> Reason for Restraint: Medical Necessity
14 FEB 06	Detainee was advised by the Medical Staff that hunger striking is detrimental to his health.
1400	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)
	<b>PROCEDURE NOTE: INSERTION OF FEEDING TUBE</b>
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a 10 F / 12 F enteral feeding tube was
	inserted in the <u>X</u> R / L nostril using standard procedure. A stylet was / <u>was not used</u> .
	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)
	<b>DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE</b>
	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 1610. Detainee had / <u>did not have</u> 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)

693

PROGRESS NOTES  
Medical Record

RESTRAINT OBSERVATION SHEET

US 10 USC § 1305 (b) (6)

Name: INTEROP      Unit: 1410      Room: 1610      Date: 14/0  
 Left Arm: 1410      Right Arm: 1610      Left Leg: 1410      Right Leg: 1610

- Observations (every 15 minutes):** Select the appropriate codes and initial each entry.
- |                             |                          |                                   |
|-----------------------------|--------------------------|-----------------------------------|
| 1. Line of sight            | 7. Talking               | 13. Quiet                         |
| 2. Beating or flicking door | 8. Mumbling incoherently | 14. Sleeping                      |
| 3. Yelling or screaming     | 9. Standing              | 15. Requesting attention          |
| 4. Cursing                  | 10. Walking or pacing    | 16. Harmful to self               |
| 5. Crying                   | 11. Lying down           | 17. Threatening staff             |
| 6. Laughing                 | 12. Sitting              | 18. Assaultive                    |
|                             |                          | 19. Crawling                      |
|                             |                          | 20. Noncommunicative              |
|                             |                          | 21. Destructive Behavior          |
|                             |                          | 22. Disrobing                     |
|                             |                          | 23. Urinating/defecating on floor |
|                             |                          | 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 4 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. Postfall interaction      |
| D. Fluids refused            | H. Medication refused       | L. Physician Visit              | P. VS (q 4 hr)*              |
| *Mandatory 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	L, I, Z, J, K	(b)(3):1	2015		
0230			0830			1430	L, I, Z, J, K	0 USC	2030		
0245			0845			1445	L, I, Z, J, K	§130b.(	2045		
0300			0900			1500	L, I, Z, J, K	b)(6)	2100		
0315			0915			1515	L, I, Z, J, K		2115		
0330			0930			1530	L, I, Z, J, K		2130		
0345			0945			1545	L, I, Z, J, K		2145		
0400			1000			1600	L, I, Z, J, K		2200		
0415			1015			1615	L, I, Z, J, K		2215		
0430			1030			1630	L, I, Z, J, K		2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

693

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME			DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP	RX			
13 Feb 2006			<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 Dr.		
			<b>INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE</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 Dr.		

(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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693 PM

DOCTOR'S ORDERS  
MEDICAL RECORD



MEDICAL RECORD DATE AND TIME	<p style="text-align: center;"><b>PROGRESS NOTES</b> (Sign all orders)</p>
2/13/06	<p><b>INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - NURSING NOTE</b></p>
	<p>Detainee placed in <b>(b)(1) Sec</b> Reason for Restraint: Medical Necessity</p>
	<p>Detainee was advised by the Medical Staff that hunger striking is detrimental to his health.</p>
	<p>His behavior is due to his refusal to eat and not due to mental status change or illness.</p>
	<p>Medical Staff/Guards attempted to get the detainee to eat on his own. He is being offered</p>
	<p>food at every meal, yet he refuses to eat. Because the</p>
	<p>detainee refuses to eat, restraints were initiated for medical necessity for feeding.</p>
	<p>Detainee will be observed continually and he will be reminded of how his behavior must</p>
	<p>change (he must eat voluntarily) to avoid the use of medical restraints for present</p>
	<p>and future feedings. Detainee was told that he will remain in medical</p>
	<p>restraints until feed and post feed observation (60-120 minutes)</p>
	<p style="text-align: right;">GITMO Nurse <span style="float: right;">(b)(3):10 USC §130b,(b)(6)</span></p>
	<p><b>PROCEDURE NOTE: INSERTION OF FEEDING TUBE</b></p>
	<p>Indication: Malnutrition; hunger strike</p>
	<p>Under local anesthesia (viscous lidocaine, 2%), a 10 F / 12 F enteral feeding tube was</p>
	<p>inserted in the R / L nostril using standard procedure. A stylet was / was not used</p>
	<p>Patient tolerated the procedure well. Placement in stomach was confirmed by</p>
	<p>insufflation and test dose of water. Successful procedure without complications.</p>
	<p style="text-align: right;">GITMO Dr. / Nurse <span style="float: right;">(b)(3):10 USC §130b,(b)(6)</span></p>
	<p><b>DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE</b></p>
	<p>Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding</p>
	<p>and was released from restraints and returned to his cell in good condition. Detainee was</p>
	<p>released from restraints at 11:30. Detainee had / did not have physical injury from the restraint</p>
	<p>episode. Detainee reported the following problems related to the restraint episode <span style="float: right;">(b)(3):10 USC §130b,(b)(6)</span></p>
	<p style="text-align: right;">GITMO Nurse</p>

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

PROGRESS NOTES  
Medical Record

STANDARD FORM 502 (REV. 7-61)  
Prescribed by GSA FORM, FPMR (41 CFR)

RESTRAINT OBSERVATION SHEET

19 FEB 01

Unit: 147 Flight: 148 Date: 16 30 Initials: 148  
 Unit: 148 Flight: 149 Date: 16 30 Initials: 149

- Observation (every 15 minutes): Select the appropriate codes and initial each entry.
- 1. Line of sight
  - 2. Beating of lifting door
  - 3. Telling or screaming
  - 4. Cursing
  - 5. Crying
  - 6. Laughing
  - 7. Talking
  - 8. Mumbling incoherently
  - 9. Struggling
  - 10. Walking or pacing
  - 11. Lying down
  - 12. Sitting
  - 13. Quiet
  - 14. Sleeping
  - 15. Requesting attention
  - 16. Harmful to self
  - 17. Threatening staff
  - 18. Assaultive
  - 19. Crawling
  - 20. Noncommunicative
  - 21. Destructive Behavior
  - 22. Disrobing
  - 23. Urinating/defecating on floor
  - 24. Other: See Note (SF 106)
- Monitoring/Care Provided: Select the appropriate codes and initial each entry.
- A. Meal offered
  - B. Meal refused
  - C. Fluids offered (q 2 hr)\*
  - D. Fluids refused
  - E. Toilet offered (q 2 hr)\*
  - F. Toilet refused
  - G. Medication accepted
  - H. Medication refused
  - I. Circulation checks (q 4 hr)\*
  - J. ROM (q 2 hr)\*
  - K. RN observation (q 2 hr)\*
  - L. Physician Visit
  - M. Bath/shower (qd)\*
  - N. Bath/shower refused
  - O. Poststaff interaction
  - P. VS (q 4 hr)\*
  - Q. Other: See Notes (SF 500)

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	(b)(3):10 USC §130b,(b)(6)				Signature			Initials