

TRANSPORTATION ORDER

OP-040111
Attachment A

Transport Authorized by: _____ Facility: _____ Date: _____

Please Print

#	DOC#	Last Name	First Name	Custody (Max, Med, Min or Comm)	Transporting To	City Transporting To	ER or Planned (ER or P)	Appt. Time (Military)	Round Trip or One Way (RT or OW)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									

Restraints: Yes No **Type:** Handcuffs Chains Leg irons **Weapons:** Yes No **Type:** Handguns Shotgun Rifle Taser OC Spray

Ambulance: Yes No **Med Flight:** Yes No

Special Instructions: _____

Court Hearing Information: Inmate has legal holds other than presiding No legal holds other than presiding

Ofc. First Name (print)	Ofc. Last Name (print)	Rank

Facility Departure		Facility Arrival	
Time	Odometer	Time	Odometer
Vehicle #		Tag #	

***ONE TRANSPORTION ORDER FORM PER TRANSPORT VEHICLE - MUST BE SCANNED TO MEDTRANS DAILY**

Original
CC
CHIEF OF SECURITY
TRANSPORTATION OFFICER
CENTRAL CONTROL
SHIFT SUPERVISOR
MEDTRANS@DOC.OK.GOV

Transport Team Supervisor Signature _____