

Stab Resistant/Ballistic Vest Preference Form

Name: _____ **Rank/Title:** _____
Facility: _____ **Shift/Days Off:** _____

My signature below indicates that I have made an informed, personal choice relative to the wearing or not wearing of a stab resistant/ballistic vest while on duty. I understand that it is the position of the RIDOC to recommend the wearing of stab resistant/ballistic vests while on duty.

This preference form applies only to personal issue stab resistant/ballistic vests. I understand that this preference form does not reflect any change in policy or practice relative to the use of safety equipment that is issued and utilized for prescribed emergency circumstances or special details.

Please sign in the applicable block. Note: Any uniformed correctional staff member refusing to sign this document will be considered to have declined the issuance of a stab resistant/ballistic vest.

I ACCEPT ISSUANCE OF A STAB RESISTANT/BALLISTIC VEST

I am requesting the issuance of a stab resistant/ballistic vest. I acknowledge that by accepting the vest, I am obligated to wear it when on duty as part of my prescribed uniform (unless specifically exempted by the facility Warden) and that I am responsible for its care and cleaning.	
_____	_____
Signature	Date

I DECLINE ISSUANCE OF A STAB RESISTANT/BALLISTIC VEST

I am declining the issuance of a stab resistant/ballistic vest at this time. (Any previously issued vest must be turned in to your shift commander.)	
_____	_____
Signature	Date

Date Received: _____ Received By (Superior Officer): _____

cc: Warden (Original Document)
Personnel Office
Employee