

## **ACKNOWLEDGMENT FORM**

*(Suicide Cut Down Kit)*

I, \_\_\_\_\_, acknowledge that I have been issued a suicide cut down kit which contains the following:

1. Pouch or fanny pack,
2. Cut down tool,
3. Airway passage device, and
4. Surgical gloves.

I understand that I am responsible for the kit that has been issued to me. It is to be considered part of my uniform. I am to wear it when I report to work and that it is to be worn at all times when I am on duty. If I report for work and am not wearing the cut down kit, I will be declared unfit to work and sent home. I will be subject to disciplinary action for failing to report to work prepared to assume my duties.

If I lose the cut down kit that has been assigned to me, I am to immediately complete and submit an incident report describing how the cut down kit was lost. I will be issued a new kit, and charged for the cost of replacing the kit that I have lost.

I understand the cut down kit will be returned to the facility if my employment with the Division of Youth Services ends, or if I transfer to another position where I am not required to have and wear the cut down kit.

Signed:

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Staff Person Issuing Kit