
	<b>Corrections and Community Supervision</b>	<b>TITLE</b>  <b>Body Armor Inspection and Replacement</b>		<b>NO.</b> 9450  <b>DATE</b> 08/20/2019
<b>DIRECTIVE</b>				
<b>SUPERSEDES</b>  Dir. #9450 Dtd. 07/06/17		<b>DISTRIBUTION</b> A	<b>PAGES</b> PAGE 1 OF 5	<b>DATE LAST REVISED</b>
<b>REFERENCES</b> (Include but are not limited to) ACA Expected Practice #4-APPFS-3D-12		<b>APPROVING AUTHORITY</b> 		

- I. **PURPOSE:** To provide Community Supervision Peace Officer personnel with guidelines regarding the inspection and replacement of Department of Corrections and Community Supervision (DOCCS) issued body armor.
- II. **POLICY:** It is Department policy to enhance and maximize the safety of field personnel through the use of body armor in combination with prescribed Officer safety procedures. While body armor provides a significant level of protection and safety, it is not a substitute for the observance of Officer safety procedures.

Department policy requires Community Supervision Peace Officers to wear protective body armor when involved in any pre-planned high-risk situations, while participating in firearms training sessions, and during weapons qualification events. Officers shall wear only DOCCS approved body armor. Body armor will be replaced in accordance with guidelines and protocols established by the National Institute of Justice (NIJ) and the Commissioner (DOCCS). Inspections and body armor replacement for field personnel shall be under the direct authority of the Deputy Commissioner for Community Supervision.

**NOTE:** References to "Peace Officer" and "Officer" in this directive shall apply to the following Community Supervision employee titles:

- A. Institutional Safety Officer
- B. Parole Officer Trainee
- C. Parole Officer
- D. Senior Parole Officer
- E. Bureau Chief
- F. Assistant Regional Director
- G. Regional Director
- H. Director of Internal Operations
- I. Assistant Commissioner
- J. Deputy Commissioner
- K. Parole Revocation Specialist (as authorized by the Deputy Commissioner)
- L. Deputy Chief for the Parole Violation Unit (as authorized by the Deputy Commissioner)
- M. Chief of the Parole Violation Unit (as authorized by the Deputy Commissioner)

### III. PROCEDURE

#### A. Use of Body Armor

1. Peace Officers assigned to Community Supervision shall wear only DOCCS approved and issued body armor.
2. The wearing of body armor at all times may become mandatory at the discretion of the DOCCS Commissioner.
3. Officers shall wear protective body armor during any pre-planned high risk situations, during any situation where an Officer could reasonably be expected to take enforcement action, and during all range qualification events and firearms training sessions.
4. A supervisor may direct a subordinate Officer to wear body armor during unusual occurrences as he or she deems appropriate.
5. Officers should wear their assigned body armor (vest) while engaged in field activities and while performing their routine duties and responsibilities in the community setting.
6. All Officers must have their body armor vest and accessories readily available while on duty.
7. Exemptions from wearing body armor shall be at the discretion of the Deputy Commissioner for Community Supervision. If an exemption is sought by an Officer for medical reasons, it is the responsibility of the Officer to provide evidence of a medical condition that would preclude the use of body armor.
8. An Officer who elects not to wear body armor provided by the Department (DOCCS) acknowledges the increased risk to their safety.
9. Officers shall not be excluded or excused from the performance of their duties due to an Officer's decision not to wear body armor.

#### B. Inspection of Body Armor

1. It is the responsibility of the Regional Directors, Deputy Regional Directors, Bureau Chiefs, and Unit Directors to ensure that all equipment used for officer safety and security is properly maintained and utilized in accordance with Department policy and the manufacturer's product usage recommendations.
2. There shall be a mandatory annual inspection performed by the Officer's immediate supervisor (Senior Parole Officer, Bureau Chief, Deputy Regional Director, Regional Director, or Unit Director) for fit, condition of the vest, signs of damage, care, maintenance, and verification of the serial number assignment and issuance date. In addition, the immediate supervisor is responsible for ensuring that body armor is worn and maintained as required by this Directive through routine observation and by conducting random and periodic documented inspections. The results of any inspection shall be recorded on [Form #CS1034](#), "Body Armor (Ballistic Vest) Inspection Form."
3. The completed [Form #CS1034](#) shall be submitted to the Community Supervision Office of Internal Operations. A copy of [Form #CS1034](#) shall be kept on file in the Regional Office and the Bureau (Office) of assignment.



4. Completion of the annual body armor inspection shall be recorded in the Community Supervision Inventory Database record of all Officers who have been assigned body armor and accessories.
5. During all firearms training sessions and weapons qualification events, Weapons Training Officers, Firearms Instructors, and Range Officers will report any observations of defective body armor or visible signs of damage or deterioration to the Officer's immediate supervisor via email communication or, if deemed necessary, via telephone call. If the ranking Instructor determines that there are immediate safety issues, the body armor and accessories are to be inspected by either the Officer's supervisor or the manufacturer's representative. It is the responsibility of the Instructor to immediately notify the Officer's supervisor via telephone call. The Instructor will also send a confirmation email to the Officer's supervisor following the conclusion of the training event. The immediate supervisor (Senior Parole Officer, Bureau Chief, Deputy Regional Director, Regional Director, or Unit Director) or other authorized designee will be responsible for inspecting the body armor, as soon as practicable, but no later than two business days following the initial notification. [Form #CS1034](#), shall be completed by the supervisor or other authorized designee and, if the circumstances warrant, [Form #1033CS](#), "Unusual Incident Report (UIR)," shall be completed by the Officer and submitted to the immediate supervisor. The completed [Form #CS1034](#) shall be submitted to the Community Supervision Office of Internal Operations. A copy of [Form #CS1034](#) shall be kept on file in the Regional Office and the Bureau (Office) of assignment.

C. Replacement of Body Armor

1. Any damage, loss, theft, misuse, or generally poor condition of DOCCS issued body armor shall be reported to the Officer's immediate supervisor through [Form #1033CS](#), and [Form #CS1034](#). Copies of the UIR and [Form #CS1034](#) are to be submitted to the Office of Internal Operations, Regional Director, Deputy Regional Director, Bureau Chief or Unit Director, and the Regional Administrative Assistant.
2. If an Officer believes that the DOCCS issued body armor has been damaged, is in poor working condition, or no longer fits properly, it is the responsibility of the Officer to notify their immediate supervisor. The immediate supervisor or authorized designee will be responsible for inspecting the body armor, as soon as practicable, but no later than two business days following the initial notification by the Officer. [Form #CS1034](#) shall be completed by the supervisor or authorized designee and, if the circumstances warrant, [Form #1033CS](#), shall be completed by the Officer and submitted to the supervisor.

NOTE: If the outer carrier no longer fits properly or is in poor condition, the Officer's supervisor shall inspect the carrier and make a recommendation regarding replacement.



3. If damage, loss, or the poor condition of the body armor is found to have been caused by an Officer's carelessness or negligence, the Officer may be subject to disciplinary action and may be required to reimburse the State for the cost of the body armor.
4. The Regional Director, Deputy Regional Director, or the Unit Director is responsible for approving the replacement of body armor and the required accessories by completing [Form #CS1034](#), noting the reason(s) for approving the replacement of the body armor and, where applicable, the ballistic vest accessories. The written request shall be submitted to the attention of the Director of Internal Operations for Community Supervision, and include a copy of [Form #CS1034](#), and where applicable, copies of any supporting documentation such as police reports, and [Form #1033CS](#).

NOTE: If a determination has been made that the outer carrier is to be replaced, the Regional Director, Deputy Regional Director, or the Unit Director shall notify the Director of Internal Operations at the same time as the body armor replacement authorization.

5. Upon receipt of the authorization to replace the body armor and any of the accessories, the Director of Internal Operations or authorized designee shall approve the request and authorize the purchase of the replacement equipment.
6. The Office of Internal Operations shall coordinate procurement with the approved Contractor and Regional staff to ensure that the officer is scheduled for a fitting and a purchase requisition is prepared and submitted. The Office of Internal Operations shall also ensure that the procurement process is expedited and monitored until such time as the replacement armor is received from the contractor and assigned to the Officer.
7. Replacement of the body armor and assignment to the Officer must be recorded on [Form #CS1032](#), "Official Equipment Issue/Return," which must be submitted to the Office of Internal Operations. Copies are to be maintained in the Regional Office and the Bureau (Office) of assignment. [Form #CS1032](#) must be signed by the Officer's supervisor and the Officer receiving the replacement items is to be provided with a copy of the completed form.

D. Community Supervision Inventory Database Requirements

1. The Regional Director is responsible for maintaining an accurate inventory of all DOCCS equipment issued to Officers assigned to the Region. The annual inventory reconciliation and recording processes shall be conducted under the supervision of the Regional Director and Deputy Regional Director. The inventory information, to include the body armor information, shall be maintained in accordance with all applicable DOCCS asset and resource management policies and procedures. Accurate inventory information is extremely important to both the inspection and replacement processes. Body armor information maintained in the inventory database is also used to monitor the life span of this equipment for purposes of scheduled replacement in accordance with Department policy, the manufacturer's recommendations, and the guidelines established by the National Institute of Justice (NIJ).



2. The Regional Directors, Deputy Regional Directors, Bureau Chiefs, and Unit Directors shall conduct annual equipment inspections for all Officers assigned to Community Supervision. The results of each inspection shall be recorded in the Community Supervision Inventory Database. Officers shall be required to produce all DOCCS issued equipment at the time of inspection and Officers who fail to produce all DOCCS issued equipment at the time of the inspection may be subject to disciplinary action.
3. Issuance of body armor and assignment to an Officer must be recorded on [Form #CS1032](#). The completed form must then be submitted to the Office of Internal Operations. Copies are to be maintained in the Regional Office and the Bureau Office. [Form #CS1032](#) must be signed by the Officer's supervisor and the Officer is to receive a copy of the completed form.
4. Where required, [Form #CS1034](#) shall be completed at the time of the annual equipment inspection.
5. The Director of Internal Operations is responsible for the management of the statewide Community Supervision Inventory Database and the supervision of Internal Operations staff who are responsible for entry of the Officer inventory information. The body armor inventory information provided by the Community Supervision Regions is utilized for purposes of managing the statewide inventory, preparing the Department's annual procurement request, and to identify staff needs.

E. Peace Officer General Guidelines for Body Armor

1. Proper fit improves the armor's effectiveness and aids in comfort.
2. Community Supervision Peace Officers should conduct frequent visual inspections of their body armor and accessories.
3. Officers should read and retain all safety literature that accompanies the vest and the accessories.
4. Officers should follow the care and maintenance instructions to ensure optimal product performance.
5. Officers shall immediately report any loss, theft, damage, or fitting concerns to a supervisor or, where appropriate, a trainer or firearms instructor.
6. Officers should seek the assistance of a supervisor or other qualified personnel in response to any concerns or problems related to proper use, fit, or storage.
7. Officers should familiarize themselves with the body armor's level of protection and the manufacturer's product instructions.
8. Peace Officers shall follow the inspection and replacement procedures as established by the DOCCS and as recommended by the manufacturer.

NYS DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
**UNUSUAL INCIDENT REPORT**  
 COMMUNITY SUPERVISION

FORM COMPLETED BY:

TITLE:

REGION		Bureau/ Facility		Date of Incident		Time of Incident	
Staff Member Involved (Name & Title)							
Other Community Supervision Staff Involved (Names & Titles)							
Releasees/Inmates Involved (Names/NYSIDs)							
Other Witnesses (Names/Addresses)							
Type Of Incident	<input type="checkbox"/> Arrest of Employee <input type="checkbox"/> Escape from Custody <input type="checkbox"/> Lost/Stolen Equipment <input type="checkbox"/> Vehicle Accident on Duty <input type="checkbox"/> Domestic Violence		<input type="checkbox"/> Custody Situation <input type="checkbox"/> Injury/Death of Releasee/Inmate <input type="checkbox"/> Use of O.C./Baton <input type="checkbox"/> Damage to State Vehicle <input type="checkbox"/> Workplace Violence		<input type="checkbox"/> Discharge of Firearm <input type="checkbox"/> Injury or Death of Staff Member <input type="checkbox"/> Use of Physical Force <input type="checkbox"/> Threat to employee <input type="checkbox"/> Other:		
Location Of Incident							
Description of Incident (who, what, when, where, why, how, including events leading to incident) (Use additional sheets, if necessary.)							
Police or Other Agency Involved: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Name/Address/Phone/Name of Officers Responding, Case #, etc.)							

**UNUSUAL INCIDENT REPORT**  
**COMMUNITY SUPERVISION**

Was there injury or death? ☐ Yes ☐ No (If yes, include name(s), injury, status, etc.)

Was there death? ☐ Yes ☐ No

Was State property damaged? ☐ Yes ☐ No (If yes, explain extent and repair cost.)

Was Private property damaged? ☐ Yes ☐ No

State Vehicle: Damaged ☐ or Stolen ☐ N/A  
Plate #: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Vehicle Assigned to: \_\_\_\_\_ State Vehicle I.D. #: \_\_\_\_\_  
(Attach copy of Accident Report, if applicable.)

Was State-issued or State-approved personally owned equipment lost or stolen? ☐ Yes ☐ No  
(If yes, list equipment, serial numbers and to whom assigned.)

NOTE: Lost or stolen State property must be reported to the Police Department (Attach copy of Police Report).

**Initial Report of Incident**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Reported to: \_\_\_\_\_ Reported by: \_\_\_\_\_

**Written Report of Incident**

Completed by: \_\_\_\_\_ (Print) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ (Print) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_ (Print) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Cluster Sr./Field Area Supervisor's Recommended Action:

\_\_\_\_\_  
\_\_\_\_\_

Bureau Chief: \_\_\_\_\_ (Print) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Deputy/Regional Director's Decision:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DRD / RD: \_\_\_\_\_ (Print) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If workplace violence, please describe actions taken as a result of incident to prevent further occurrences:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DRD / RD: \_\_\_\_\_ (Print) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRIBUTION: ORIGINAL/FULLY EXECUTED – Director of Human Resource Management**

cc: Director of Parole Operations

Retain copies at Regional Office and Area Office or Facility Office.

**NOTE: Where information provided in this report indicates a diagnosis of disease or infection, or a domestic violence incident the form shall be labeled "CONFIDENTIAL" and sent only to the Director of HRM.**

**STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION**  
**OFFICIAL EQUIPMENT ISSUE/RETURN**

Name: \_\_\_\_\_ (Print Clearly) Title: \_\_\_\_\_

Bureau/Facility: \_\_\_\_\_ Region/Cluster: \_\_\_\_\_

Equipment ISSUED		TYPE OF EQUIPMENT	Equipment RETURNED	
DATE	Identifying Information		DATE	Identifying Information
	Shield #:	SHIELD		Shield #:
	Manual #:	MANUAL		Manual #:
	Make:	HANDCUFFS		Make:
	Serial #:			Serial #:
	Make:	VEST		Make:
	Serial #:			Serial #:
		JACKET		
		HAT		
	Make:	FIREARM		Make:
	Model:			Model:
	Serial #:			Serial #:
	# Rounds:	AMMUNITION		# Rounds:
	#:	MAGAZINE		#:
		Magazine CARRIER		
	Left or Right (Specify)	HOLSTER		Left or Right (Specify)
	#(s):	AUTO PLACARD		#(s):
	Make:	RADIO		Make:
	Model:			Model:
	Serial #:			Serial #:
		Radio CARRIER		
		Radio CHARGER		
		I.D. CARD		
	Phone #:	CELL PHONE		Phone #:
		Cell Phone Accessories		
		(Specify)		
	Phone #:	PAGER		Phone #:
	Model:	PALM WORKPAD		Model:
	Serial #:			Serial #:
		Workpad KEYBOARD		
		Workpad CHARGER		
	Serial #:	LAPTOP Computer		Serial #:
		MISCELLANEOUS (Specify)		
<b>REASON OF RETURN: (Be Specific)</b>				
<b>LOCATION OF RETURNED ITEM(S):</b>				

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution: White – Dep. Director of Operations    Yellow – Regional Office/Facility Operations    Pink – Area Supervisor    Gold – Staff Member



**Body Armor (Ballistic Vest) Inspection Form**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Bureau (Office): \_\_\_\_\_ Telephone: \_\_\_\_\_

Size: \_\_\_\_\_ Serial Number: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_ Inspected By: \_\_\_\_\_

Inspection Type: ☐ Annual ☐ Periodic ☐ Random ☐ Training Event

**A. General Condition and Appearance:**

☐ Excellent ☐ Good ☐ Poor (*note reasons below for rating of Poor*)

**B. Size and Fit:**

☐ Excellent ☐ Good ☐ Poor (*note reasons below for rating of Poor*)

**C. Overall Evaluation (Operating Condition) of Body Armor (Ballistic Vest):**

☐ Excellent ☐ Good ☐ Poor (*note reasons below for rating of Poor*)

**D. Replacement (Regional Director Recommendation Required for Replacement):**

☐ Required ☐ Recommended ☐ Not Recommended

Reason(s) for replacement (*add additional pages if necessary*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Regional Director or Unit Director Signature Required if Replacement is Recommended**