

I-61-5

G.I. #5

REPORT OF EXTRAORDINARY OCCURRENCE

Revised 10-81

Commonwealth of Pennsylvania: Bureau of Correction

DOCKETED

87 FEB 9 14:15

DOCKETING & SERVICE BRANCH

Instructions:

- 1. Reports must be made on each extraordinary occurrence or incident affecting inmates or staff or property under the jurisdiction of the Bureau of Correction.
- 2. Mail original copy of this report within forty-eight hours of occurrence to Office of the Commissioner of Correction. This report does not preclude established telephone/teletype reporting procedures.
- 3. Attach additional supporting documents as necessary.
- 4. Use additional sheets if necessary, with each section referencing the appropriate item no.

Type of Extraordinary Occurrence (Check applicable block or blocks)

- Escape or Attempt
- Suicide or Attempt
- Serious Assault
- Homicide
- Death (other than Suicide)
- Other (Specify) Parchell Power Outage
- Riot or Destructive Rebellion
- Serious Injury to Inmate or Staff
- Hunger Strike
- Fire

Reporting Facility S.C.I.G.

Report No.

Date of Occurrence of Incident April 1, 1986

Time 10:55

Institutional Area INFIRMARY AREA

Name(s) of inmate(s) involved in Extraordinary Occurrence	BC Number	Age	Date Admitted	Offense of Charge	Sentence or Detention Status

8702090400 860922 PDR ADDOCK 05000352 PDR Q

If Extraordinary Occurrence is a Natural Death Report the Following:

- A. Official Cause of Death
- B. Name of Examining Physician
- C. Did Deceased Exhibit Signs of Illness Prior to Death: YES NO
- D. Was Deceased Examined by Physician Prior to Death: YES NO
- E. If so, How Long Prior to Death
- F. Name of Examining Physician

1. Injuries or damages resulting from extraordinary occurrence Electric power was lost to the Infirmary area, Treatment, Diet Kitchen, Mail Room, and the Parole Office etc; The telephone system also lost power all other areas are okay repairs are being made by staff, phones on at 11:25 hours, power restored to the Infirmary area at 11:45 hours.

See supplemental sheets.

2. Action(s) taken as a result of this extraordinary occurrence Additional staff assigned to Hospital area no disruption to Institutional operations other than lost of phone service all program were maintained.

See supplemental sheets.

NUCLEAR REGULATORY COMMISSION

AI 5

Official Est. No.

50-357-353

Ph. LA Elee

Docket No. 50-357-353

In the matter of Ph. LA Elee

IDENTIFIED RECEIVED REJECTED

Applicant

Interenor

Cont'g Off'

Contractor

Other

Reporter

DATE 9.22.86

Witness JIMMERMAN

D. Hoffman

3. Describe the extraordinary occurrence, in detail.

See supplemental sheets.

4. Personal evaluations, comments and/or recommendations, if any.

See supplemental sheets.

Is this related to a previous "extraordinary occurrence"? If so, given date and number.

No

Yes

Date _____

Number _____

I am submitting this report with full knowledge of its transaction:

Typed name and title of reporting official

Capt. C.M. Caison

Signature

C.M. Caison

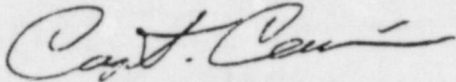
Date

April 1, 1986

April 1, 1986

SUBJECT: UNUSUAL OCCURRENCE REPORTS

TO: DEPUTY SUPERINTENDENT OF OPERATIONS



FROM: CAPT. CAISON
S.C.I.G.

DESCRIBE BRIEFLY THE SITUATION: AT 10:55 ELECTRICAL POWER WAS LOST TO THE INFIRMARY AREA TREATMENT, DIET KITCHEN, MAIL ROOM, AND THE PAROLE OFFICE, ECT: THE TELEPHONE SYSTEM ALSO LOST POWER. ALL OTHER AREAS ARE OK. POWER WAS RETURN AT 11:45 .

INMATE INVOLVED: NONE

STAFF MEMBERS INVOLVED:	NAME	NAME
	_____	_____
	_____	_____

OFFICERS NOTIFIED:	TIME	OFFICER MAKING CALL
DEPUTY SUPT. OPERATION	1055	Capt. C. Caison
MAJORS	1115	Capt. C. Caison
ADM. ASSISTANT OPR.	1055	Capt. C. Caison

CC/bw