



Operating Procedure

Effective Date February 7, 2017	Number 460
Amended	Operating Level Division
Supersedes Operating Procedure 460 (2/1/2017)	
Authority COV §53.1-232, §53.1-236 BOC Not Applicable	
ACA Standards Not Applicable	
Office of Primary Responsibility Virginia Department of Corrections Director *See Section V.	

Subject

EXECUTION MANUAL

Incarcerated Offender Access
Yes ☐ No ☒

FOIA Exempt Yes ☐ No ☒
Attachments Yes ☐ No ☒

I. PURPOSE

To establish procedures for implementing the death penalty in the Commonwealth of Virginia.

II. COMPLIANCE

By authority of the Code of Virginia, §53.1-232 to §53.1-236, these sections require that the Director or designee shall:

- A. Provide and maintain a permanent death chamber within the confines of a state correctional facility. Greensville Correctional Center has been designated as the site for the death chamber.
- B. To maintain equipment necessary to carry out each execution by lethal injection or electrocution.
- C. Select chemicals to be used for execution by lethal injection.
- D. Provide a physician employed by the Department to pronounce death.
- E. Provide six (6) citizen witnesses who shall not be employees of the Department.
- F. Conduct or designate an assistant to conduct each execution.

III. DEFINITIONS

Clergy - A member of the community who is commissioned, licensed, ordained, endorsed, or otherwise accepted as a religious authority by the individual's religious organization, (i.e. Minister, Priest, Rabbi, Imam, Medicine Man, etc.). Approval of clergy is subject to security concerns and is at the discretion of the facility unit head.

Death Watch - the last twenty-four (24) hour period of time prior to the execution during which all final preparations are made to carry out the sentence of death.

Execution File - a permanent record containing documents pertaining to the management of the offender while confined in L-Unit.

Immediate Family - father, mother, brother, sister, wife, children, grandchildren and grandparents.

Physician - a medical practitioner licensed to provide medical services in the Commonwealth of Virginia.

L-Unit - the unit where court ordered executions are conducted.

Victim Witness - immediate family members as defined in this OP and/or other witnesses authorized by the Director of the Department of Corrections.

IV. PROCEDURES

Any of the procedures described in this Operating Procedure may be amended as needed on a case by

case basis when circumstances require special procedures to carry out the sentence of death. However, no amendments affecting the chemicals may be made except by the Director or his designee.

A. Proceedings upon Sentence of Death

COV §53.1-234 provides that "The clerk of the circuit court in which is pronounced the sentence of death against any person shall, after such judgment becomes final in the circuit court, deliver a certified copy thereof to the Director. Such person so sentenced to death shall be confined prior to the execution of the sentence in a state correctional facility designated by the Director. Prior to the time fixed in the judgment of the court for the execution of the sentence, the Director shall cause the condemned prisoner to be conveyed to the state correctional facility housing the death chamber."

"The Director, or the assistants appointed by him, shall at the time named in the sentence, unless a suspension of execution is ordered, cause the prisoner under sentence of death to be electrocuted or injected with a lethal substance, until he/she is dead. The method of execution shall be chosen by the prisoner. In the event the prisoner refuses to make a choice at least fifteen days prior to the scheduled execution, the method of execution shall be by lethal injection. Execution by lethal injection shall be permitted in accordance with procedures developed by the Department. At the execution there shall be present the Director or an assistant, a physician employed by the Department or his assistant, such other employees of the Department as may be required by the Director and, in addition thereto, at least six citizens who shall not be employees of the Department. In addition, the counsel for the prisoner and a clergyman may be present."

B. Place of Confinement

1. *Pending Appeal Process.* Male offenders under sentence of death will be received at Sussex I State Prison for processing or assigned to a facility designated by the Director or designee. Female offenders under the sentence of death will be received and processed at Fluvanna Correctional Center or assigned to a facility designated by the Director or designee.
2. *Place of Execution.* Prior to the final date of execution, the offender sentenced to death shall be transferred to L-Unit, Greensville Correctional Center.

C. Final Order and Transfer Process

1. *Affidavit of Service.* The Circuit Court of jurisdiction will deliver to the Department of Corrections a certified copy of its final order pronouncing the sentence of death and setting a date for the execution to take place. The Lead Warden of the facility where the offender is confined and the Director or designee, shall execute affidavits of service in quadruplicate and return originals to the court of jurisdiction. One copy should be sent to the Chief of the Criminal Litigation Section. Copies shall be placed in the offender's record and execution file. If the offender is at a facility other than Greensville Correctional Center, that Warden should send a copy of the final order and affidavit of service to the Lead Warden of Greensville Correctional Center. The offender will be provided a copy of the court's order fixing the date of execution.

2. *Transfer of the offender to Greensville Correctional Center.* [REDACTED]

[REDACTED] Information redacted pursuant to Code of Virginia §2.2-3705.2(6).

Upon arrival at Greensville Correctional Center, designated team members will record pertinent events in the Special Watch Log (**Attachment #1**). Daily copies of the Special Watch Log shall be forwarded to the Chief of the Criminal Litigation Section, Office of the Attorney General. [REDACTED]. Information redacted pursuant to Code of Virginia §2.2-3705.2(6). The offender will be medically assessed and weighed. The offender

will be issued a clean set of clothing and placed in L-Unit. Designated individuals will meet with the offender to process his/her visitation, attorney and Clergy paperwork, and also complete the notification document for disposal of his/her body and property.

D. Pre-Execution Procedures

1. *Choice of Execution.* Virginia Law allows the offender to choose the method of his/her execution. The offender must make his/her choice at least fifteen (15) days prior to the scheduled execution, and his/her decision is irrevocable. The Warden of the facility where the offender is confined should follow these steps no less than fifteen (15) days prior to the scheduled date of execution to obtain the offender's choice:
 - a. The offender will be given a sample copy of the Notice of Choice for Method of Execution. It should be explained to the offender how to complete the form and when the form will be completed. (*Attachment #2*).
 - b. At least 15 days before the scheduled execution, the offender will be given a clean copy of the Notice of Choice of Method of Execution to be filled out and signed. The offender shall be required to choose the method of execution in the presence of designated staff who will witness the offender's signature.
 - c. Designated staff will ensure that the Notice of Choice of Method of Execution is properly signed and dated by all parties.
 - d. If the offender refuses to fill out the form, but verbally indicates a choice, designated staff will note the choice on the form. The offender's refusal to indicate any choice will be noted on the form.
 - e. Complete the Affidavit of Choice of Execution Method: The designated staff must complete and sign the Affidavit of Choice of Execution Method in the presence of a notary. The original signed copies of the Notice of Choice of Method of Execution and Affidavit of Choice of Execution Method will be placed in the offender's execution file. Copies will be forwarded to the Chief of the Criminal Litigation Section, Office of the Attorney General, the Director or designee, and the Lead Warden of Greenville Correctional Center (*Attachments #2 & #3*).
2. Lethal Injection Equipment and Supplies (*Attachment #4*)
 - a. **Chemicals:**

Midazolam*	1.5 grams (GM)
Rocuronium Bromide**	1,800 milligrams (MG)
Potassium Chloride	720 mill equivalents (MEQ)
Saline solution	225 ml

*Six (6) grams of Sodium Thiopental or 7.5 grams of Pentobarbital may be utilized as a substitute.

**One hundred and fifty (150) milligrams of Pancuronium Bromide may be utilized as a substitute
 - b. **Chemical Transfer Supplies**

Basic I.V. lines
2 each - primary I.V. sets
2 each - Y-type connectors
6 each - Extension sets, 30" or 32"
12 bags - Saline I.V. 0.9%, 1000cc

- 16 each - syringes, 60cc
- 3 each - needles, 18 ga., 1-1/2"
- 4 each - I.V. catheter, 18 ga., 1-3/4"
- 6 each - I.V. catheter, 18 ga., 1-1/4"
- 6 each - I.V. catheter, 20 ga., 1-1/4"
- 6 each - I.V. catheter, 22 ga., 1"
- 6 each - I.V. catheter, 24 ga., 3/4"
- 4 each - butterfly needles, 23 ga., 3/4" with 3-1/2" tube

c. Procedure-related Supplies

- 1 each - syringe, 3cc, containing Lidocaine Inj. (1% or 2%)
- 1 each - needle, 25 ga.
- 2 each - syringe, 10cc, containing saline 0.9%
- 7 each - face shields
- 2 each - tourniquets, latex
- 1 roll - ECG strip chart paper, 45mm
- 2 rolls - tape, curasilk, 1"
- 1 pair - bandage scissors

d. Reserve Supplies

- 1 each - bag Saline I.V. 0.9%, 1000cc
- 2 each - extension set, 30" or 32"

e. Miscellaneous Supplies

- gauze pads, 4" x 4"
- alcohol pads
- band aids
- latex gloves
- ammonia inhalants (1 box)
- blood pressure cuff stethoscope
- heart monitor and chart recorder
- 3 ECG leads
- 3 ECG contacts
- flashlight
- adhesive tape (narrow and wide)
- tongue depressor
- sterile triple lumen catheter kit
- Stethoscope
- 1 sharps container
- Kitty litter

f. Equipment

- Gurney

3. Electrocution Equipment and Supplies (*Attachment #5*)

- Ammonia inhalants (1 box)
- electric chair
- headpiece (natural sponge liner only)
- leg connection (natural sponge liner only)
- Stethoscope
- 5 gallons fresh water
- 3 pounds table salt

1 fresh egg
8 pounds ice
10 sandbags
cooling board

4. Witness Procedures

- a. *Official Witnesses.* Six (6) citizens and two (2) alternates will be selected to serve as the official witnesses at an execution. Official witnesses must be eighteen years of age or older, residents of Virginia, may not be employees of the Department and may not have been convicted of a felony. Prospective witnesses must sign a release form authorizing criminal background investigation.

The Lead Warden or designee will use completed Witness Application Forms to select witnesses from among eligible persons who have expressed an interest in serving. Prospective witnesses will be informed at the time the application is sent that they will be notified if they are selected to serve as a witness (*Attachment #6*).

Witnesses will be notified through the Notice of Selection as Official Witness Form of their selection and provided with instructions as to when and where they are to meet on the day of the executions (*Attachment #7*).

[REDACTED]

Information redacted pursuant to Code of Virginia §2.2-3705.2(6).

- b. *Media Witnesses.* The Department's Director of Communications is responsible for providing the Lead Warden or designee with the names of up to four (4) media pool representatives, one each from the print media, television, radio and the wire services. The media witnesses will attend the same briefing as the official witnesses.

[REDACTED] Information redacted pursuant to Code of Virginia §2.2-3705.2(6).

Approximately ten (10) days prior to the execution, the designated staff member in the Lead Warden's office will use the Letter to Media Pool Representatives form to provide instructions to each media pool representative as to when and where to report (*Attachment #8*).

- c. *Victim Witnesses.* Notification to the Victim Witnesses of a scheduled execution and the coordination of Victim Witness issues shall be handled by the DOC Victim Services Unit.

[REDACTED]
Information redacted pursuant to Code of Virginia §2.2-3705.2(6). (*Attachment #9*).

5. Offender Care and Custody

- a. *Legal Access:* The offender may receive visits from his/her attorney(s) of record. The offender may call his/her attorney(s) of record. If the attorney(s) call and request to speak with offender, a designated staff member in the Lead Warden's Office will inform staff in the L-Unit that the offender needs to call his/her attorney(s). Paralegals may visit only with proper authorization from the attorney and the Lead Warden or designee. Unless otherwise approved or scheduled by the Lead Warden or designee, attorney visits should be confined to regular business hours. Attorneys may have contact visits. Attorney-client communications are confidential. Space restraints and security concerns may limit the number of legal representatives visiting the offender at any given time (*Attachment #10*).

- b. *Telephone Calls:* The offender may place collect telephone calls on the offender telephone system.
- c. *Visits:* The offender may receive non-contact visits from approved visitors. The Lead Warden or designee will determine the days and hours for visiting. On the day of the execution and at a time determined by the Lead Warden, only one contact visit with immediate family may be permitted.

Information redacted pursuant to Code of Virginia §2.2-3705.2(6). Clergy and attorneys visiting at the cell will be required to leave at times during the last day to allow preparations to be made. Once preparations are complete, they will be allowed to return (*Attachment #10*).

- d. *Clergy:* The offender may receive visits from an approved Clergy of his/her choice. If he does not have a Clergy, the offender may request to meet with an institutional chaplain. The Clergy may visit at the cell at times specified by the Lead Warden or designee. Space restraints and security concerns may limit the number of Clergy visiting the offender at any given time. The offender may select one Clergy to witness the execution from the Official Witness Room (*Attachment #10*).
- e. *Commissary:* The offender may purchase selected items from the commissary in amounts approved by the Lead Warden or designee.
- f. *Personal Property:* The offender may have his/her necessary legal materials and selected items of personal property with the approval of the Lead Warden or designee. No property including legal materials will be given to the offender unless it has been X-rayed and thoroughly searched by hand. Following the execution, the offender's property will be thoroughly searched, X-rayed, inventoried and boxed before being released to anyone. Release of the offender's property will be in accordance with the Code of Virginia, Section 64.1-132.1.
- g. *Medical Care:* Medical and mental health care shall be provided as needed. Unless directed otherwise by the medical authority, services will be delivered in the housing unit.
- h. *Personal Hygiene:* The offender will be permitted to shower a minimum of three (3) times per week (*Attachment #10*). After each shower, the offender will be issued clean underwear and a clean jumpsuit. The offender will be permitted to shave upon request in his cell and to exchange his/her bed linen once per week.

6. Supervision and Documentation

- a. The Lead Warden or designee will inspect L-Unit daily following the offender's reception and until his/her death.
- b. The usual and customary records maintained on offenders will be kept for offenders awaiting execution.
- c. The L-Unit staff will maintain an activity log or record as requested by the Attorney General. Upon conclusion of the execution and securing of L-Unit, the execution team leader will ensure that all records and activity logs are removed from L-Unit and delivered to the Executive Secretary Senior in the Lead Warden's Office.

7. Media Relations and Contacts

All media inquiries received at the institution will be referred to the Department's Director of Communications. All requests from media representatives to visit or communicate with the offender will be reviewed and approved through the Department's Director of Communication. No media interviews with the offender will be permitted on the day of the execution.

On the day of the execution after 4:00 p.m., media representatives other than the official media witnesses may assemble at a designated area in the main parking lot.

Following the execution, a designated spokesperson, usually the Department's Director of Communications, will issue an announcement to the media representatives assembled in the press area. The announcement will indicate that the sentence of the court has been carried out, the time that death occurred and any last statements the offender made.

E. Security Plan for Executions

1. *External Security Plan.* [REDACTED]

[REDACTED] Information redacted pursuant to Code of Virginia §2.2-3705.2(6).

2. *Internal Control Plan.* The Lead Warden is responsible for developing an internal security plan to maintain order and control during the execution. The Lead Warden shall develop the internal security plan in consultation with the Director or designee, Chief of Corrections Operations or designee, and Regional Operations Chief or designee who may review and approve the plan.

The external and internal security control plans are governed by Local Operating Procedure (LOP) 460.1. This procedure covers security tasks which are handled at the institutional level during scheduled executions.

F. Execution Procedures

1. The Death Watch

- a. *The Death Watch:* Death Watch will commence twenty-four (24) hours before the scheduled execution. [REDACTED]

[REDACTED] Information redacted pursuant to Code of Virginia §2.2-3705.2(6).

- b. *Last Meal:* The Team Officer-in-Charge (OIC) will take the last meal request from the offender approximately twelve (12) hours prior to the scheduled execution. The offender may request any meal from the 28-day cycle menu, or a combination of foods listed in the menu. This request will be submitted to the Lead Warden or designee for approval. [REDACTED]

Designated staff member(s) will prepare and serve the final meal. Information redacted pursuant to Code of Virginia §2.2-3705.2(6).

- c. *Execution Clothing:* [REDACTED] Information redacted pursuant to Code of Virginia §2.2-3705.2(6) designated individuals will have conducted a search of Cell #1 and placed a clean change of bed linen, new underwear, pants and shirt in the cell. The shirt will be fastened with Velcro strips. For lethal injection, a short sleeve shirt will be provided and any parts of the body if necessary may be shaved. For electrocution, the right leg of the offender's pants will be removed above the knee.

- d. *Last Shower:* [REDACTED] Information redacted pursuant to Code of Virginia §2.2-3705.2(6) the offender may be permitted to shower. If the offender has selected execution by electrocution, his/her head and right leg must be shaved before he/she showers.

e. *Custodial Control:*

Information redacted pursuant to Code of Virginia §2.2-3705.2(6).

2. General Procedures for all Executions

a. The Lead Warden or designee will make notification when the Official Witnesses and Victim Witnesses may be escorted to their designated witness rooms.

b.

Information redacted pursuant to Code of Virginia §2.2-3705.2(6), §2.2-3706(A)(2)(j) and §19.2-11.2.

c. The non-contact visiting room side windows facing both entrance hallways will have its blinds in the closed position throughout the execution. The curtain for the non-contact visiting room and the official witness rooms will be in the closed position when the visitors enter.

d. The Execution Chamber microphone will be turned on only during the reading of the Execution Order and during the time of the offender's final statement.

e. For the offender, only one attorney and one Clergy will be allowed to witness the execution.

f. After the Victim Witnesses have departed, the Official and Media witnesses will exit the Unit.

g. The designated team member will ensure that a certificate of death is prepared (*Attachment #11*).

h.

Information redacted pursuant to Code of Virginia §2.2-3705.2(6). (*Attachment #12a and Attachment #12b*).

i. The Lead Warden will direct the preparation of post-execution affidavits in quadruplicate, and return the original to the Court of Jurisdiction (*Attachments #13 & #14*). A copy should be sent to the Chief of the Criminal Litigation Section.

j. In addition, the Lead Warden shall direct the preparation and transmission of the next of kin letter (*Attachment #15*).

k.

Information redacted pursuant to Code of Virginia §2.2-3705.7(26) and §53.1-233.

3. Preparations for Execution by Lethal Injection

a. On the day of the offender's arrival, a physician or other qualified person shall assess the offender and record his/her weight. Prior to the execution, the Team Leader will review weight as recorded in the medical records and notify the Pharmacy if any additional chemicals may be required.

b. Prior to the execution, the medical transport vehicle gurney will be setup, and two (2) clean bed sheets and six (6) hand towels will be placed in the preparation room.

- c. [REDACTED] Information redacted pursuant to Code of Virginia §2.2-3705.2(6).

- d. Upon delivery of the chemicals, the label, the amount and expiration date will be verified. [REDACTED] Information redacted pursuant to Code of Virginia §2.2-3705.2(6) designated individuals will prepare and label all syringes. Syringes are to be labeled and numbered to reflect the contents of the syringe as well as the order in which the syringe is to be administered. Prior to the loading of any chemicals into the syringes, label and expiration dates are again verified by the designated staff person. The loading of the chemicals into the labeled syringes (including the syringes of saline) is observed by the person designated as executioner and other witnesses. If sodium thiopental is to be used, all of the powder is mixed into the liquid and the process is observed as above.

Prior to the syringes being released to the executioner, the I.V. team members shall double check that all chemicals have been fully used and properly loaded into the syringes.

- e. The designated individuals to site I.V. lines will collect the syringe sets and give them to the designated individual(s) to inject the drugs into the I.V. tubing. They will position themselves behind the back of the curtain before the witnesses enter the Execution Chamber.

- f. Upon authorization from the appropriate medical authority, the offender will be offered ten milligrams of valium.

4. Specifics for Execution by Lethal Injection

- a. Approximately thirty (30) minutes prior to the reading of the Execution Order, the offender will have the option to select one attorney and one Clergy to observe the execution from the official witness room. [REDACTED]

[REDACTED] Information redacted pursuant to Code of Virginia §2.2-3705.2(6).

- b. Prior to escorting the offender into the Execution Chamber, the area immediately in front of Cell #1 will be cleared of all non-team members.

- c. The curtain to the witness room and non-contact visiting room will be in the closed position. The non-contact visiting room entrance hall window blinds will be in the closed position. The Execution Chamber microphone will be turned off.

- d. [REDACTED] Information redacted pursuant to Code of Virginia §2.2-3705.2(6).

- e. The Lead Warden or designee will give the order to escort the offender to the Execution Chamber. Designated individuals will restrain the offender as necessary, and immediately move to the Execution Chamber followed by the Lead Warden or designee.

- f. Once in the Execution Chamber, the offender will be restrained to the execution table.

[REDACTED]

Information redacted pursuant to Code of Virginia §2.2-3705.2(6).

- g. The I.V. Team members will site one or more intravenous lines in the arms or any other locations of the body deemed suitable and secure the lines to the offender with tape. The executioner will start a saline flow. The I.V. Team will check the restraints to ensure that the restraints do not impede the flow of the I.V. Lines. The I.V. Team will verify that the I.V. lines are open and flowing. The I.V. Team will securely connect the electrodes of the cardiac monitor to the offender and ensure that the equipment is functioning. The designated individual(s) will then move to the rear of the back curtain and remain on stand-by.

- h. Information redacted pursuant to Code of Virginia §2.2-3705.2(6).

- i. Information redacted pursuant to Code of Virginia §2.2-3705.2(6), §2.2-3706(A)(2)(j) and §19.2-11.2.

- j. Both witness curtains will then be opened. The microphone will then be turned on. The Lead Warden or designee will read the Execution Order to the offender. The Lead Warden or designee will approach the offender and ask if he/she has any final words. The microphone will be turned off immediately following the offender's final words or upon signal from the Lead Warden or designee. Following the offender's final words, or if he/she has no final statement, the Lead Warden or designee will signal the Director or designee that all is in readiness to carry out the execution.

- k. The Director or designee upon receiving authority to proceed with the execution from the Governor's Office will signal the Lead Warden or designee to carry out the execution. When the Director or designee signals to the Lead Warden or designee to proceed with the execution, the Lead Warden or designee will step behind the back curtain and direct the injection of chemicals to begin.

- l. The person designated as executioner who will be posted in advance behind the back curtain will begin a flow of chemicals in the following order:

1. Midazolam (500 MG) OR Pentobarbital (2.5 GM) OR Sodium Thiopental (2 GM)
2. Saline Flush (15-25 ml)

A two minute waiting period will follow this saline flush. During this time, a noxious stimuli test will be performed. Unless the Director or designee signal otherwise, the remaining chemicals will then be completely administered through the same I.V. line. At any time the Director or designee may direct that the executioner administer an additional dose of chemical #1.

3. Rocuronium Bromide (600 MG) OR Pancuronium Bromide (50 MG)
4. Saline Flush (15-25 ml)
5. Potassium Chloride (240 MEQ)
6. Saline Flush (15-25 ml)

i. Recording of time

The injection commencement time for each of chemicals 1, 3 & 5 will be recorded by the I.V. Team member(s) (*Attachment #16*).

ii. Use of Second I.V. Line

If at any time the first I.V. line fails or otherwise does not deliver the chemicals, or upon direction from the Director or designee then the executioner will switch to the second I.V. line. After the I.V. Team verifies that the I.V. line is flowing, the executioner shall administer a complete set of chemicals (#1 through #6) in the same manner as described above.

iii. Administration of Second Set of Chemicals

If the heart monitor does not indicate a flat line reading after completing the injection of the first set of chemicals, upon signal by the Director or designee then the executioner will administer a second set of chemicals (#1 through #6). This process will continue until death has been declared. The executioner will remain in place until death has been determined and the front curtain is closed.

- m. The physician will be posted in advance behind the back curtain. The physician will observe the heart monitor. In the physician's discretion, the physician can use the heart monitor or a stethoscope to determine the heart has stopped and death has occurred. Once the physician determines that death has occurred, he will announce this and the time of death to the Lead Warden or designee. The Lead Warden will then signal to the Director or designee that the offender is deceased.
- n. The front curtain will be closed immediately after the Lead Warden or designee has announced to the Director or designee that the offender is deceased.
- o. The Director or designee will inform the Governor's Office that the death sentence has been carried out.
- p. The DOC Director of Communications will notify the media on site in the designated press area that the death sentence has been carried out. The recorder will inform the Lead Warden's Office as to the time of the offender's death and the content of any last statements made by the deceased offender.

q.



Information redacted pursuant to Code of Virginia §2.2-3705.2(6), §2.2-3706(A)(2)(j) and §19.2-11.2.

r.



Information redacted pursuant to Code of Virginia §2.2-3705.2(6), §2.2-3706(A)(2)(j) and §19.2-11.2.

- s. Following the physician's pronouncement of death, the designated individuals will remove the heart monitor electrodes from the deceased and collect all chemicals, including those which may remain in the containers which were used and all unused chemicals. All used needles, I.V. bags, and other related items will be placed in an appropriate hazardous bio-medical sharps waste container. The container will then be placed in a red hazardous waste bag and the bag will be disposed of in accordance with established written procedures governing the disposal of hazardous waste materials. All unused chemicals (excluding saline) will be disposed of by pouring them in a sharps container containing kitty litter to absorb the chemical. The sharps container will then be sealed and placed in the red hazardous waste bag and be disposed of in accordance with the above. The saline will be poured down the sink in the preparation room. A written statement will be prepared in duplicate describing the medications left over and its disposal and the date and time of this action (**Attachment #17**). The original and duplicate copy of this statement will be signed by designated individuals and witnessed by the Execution Team OIC. The institutional sharp inventory must be completed (**Attachment #18**). The original copy of this statement will be delivered to the pharmacist along with all unused chemicals.
 - t. The Execution Team OIC will ensure that all supplies necessary for lethal injection executions are properly stored and secured in L-Unit. All hospital type supplies will be stored in the designated supply cabinet which will be kept locked. The perpetual inventory of these supplies will be up-dated and the supplies replenished following the execution as necessary.
 - u. The designated individuals will prepare the body for transport to the State Medical Examiner. This will include, removing all security restraints, affixing a proper toe tag to the deceased's right big toe, placing the body into a body bag, transferring the body to the medical transport vehicle stretcher, and securing the body to the stretcher with soft restraints. The body will be placed in a body bag and secured to a collapsible stokes type litter. If the deceased offender was diagnosed as HIV+, the symbol HIV+ will be written in large block letters using a red indelible marker on the outside of the body bag along the zipper path. A certificate of death will be prepared by the designated individual and placed in the package that accompanies the offender's body to the Office of the State Medical Examiner.
 - v. The medical transport vehicle will be staffed with [REDACTED]. Information redacted pursuant to Code of Virginia §2.2-3705.2(6). The Lead Warden's Office will be notified upon the return of the personnel transporting the deceased offender. The designated individuals leading the transportation team will obtain a body receipt prior to leaving the morgue. The body receipt will be given to and inspected for completeness by the Team OIC and placed in the Execution File. The fingerprints are given to the Executive Secretary in the Lead Warden's Office to process. Once all information is received from the Records Manager, the fingerprints, death notice and finger card are sent to Court and Legal Unit of Central Classification Services. The completed execution file will be sent to Central Classifications Services/Central Records section.
 - w. Once the deceased has been removed from L-Unit, the Execution Team will store all equipment and supplies in the proper location and secure the Execution Chamber.
5. Preparations for Execution by Electrocutation.
- a. Setup the medical transport vehicle gurney and place two (2) clean bed sheets and six (6) clean hand towels in the preparation room.

- b. Prepare a minimum of ten (10) sandbags.
 - c. Soak the head and leg pieces in clear cold water for a minimum of three (3) hours.
[REDACTED]
[REDACTED] Information redacted pursuant to Code of Virginia §2.2-3705.2(6).
Shave his/her head and right leg from the heel to mid-thigh with barber clippers. Allow the offender to shower.
 - d. Approximately ninety (90) minutes prior to the execution, remove the head and leg pieces from the clear water and squeeze excess water from the pieces. Place head and leg pieces in the brine solution consisting of five (5) gallons of water and approximately three (3) pounds of salt. To test the brine solution, place a fresh whole egg in the solution; if the egg floats to the surface, the consistency is correct. Add approximately eight (8) pounds of ice to the brine solution.
 - e. Approximately thirty (30) minutes before the execution, remove the head and leg pieces from the brine solution, squeeze to eliminate excess brine and place on drain board.
 - f. A team member will set the circuitry test board on the electric chair and test the circuit.
6. Electrocution
- a. The offender is subjected to high and low voltage electrical currents as follows:
 - 30 seconds of high voltage (approximately 1750 volts)
 - 60 seconds of low voltage (appx. 250 volts)
 - 5 seconds pause
 - 30 seconds of high voltage (appx. 1750 volts)
 - 60 seconds of low voltage (appx. 250 volts)
 - b. Five (5) minutes after completion of the second cycle, the physician will determine if the offender is dead. If a heartbeat is detected, the cycles as described above will be repeated until death occurs.
7. Specifics for Execution by Electrocution
- a. Prior to the execution, a test of the electric chair will be conducted by designated individuals of the Execution Team.
 - b. [REDACTED] prior to the reading of the Execution Order, the offender will have the option to select one attorney and one Clergy to observe the execution from the Official Witness Room. [REDACTED]
[REDACTED] Information redacted pursuant to Code of Virginia §2.2-3705.2(6).
 - c. Prior to escorting the offender into the Execution Chamber, the area immediately in front of Cell #1 will be cleared of all non-designated individuals.
 - d. The curtains to the Witness Room and Non-contact Visiting Room will be in the closed position. The Non-contact Visiting Room entrance hall window blinds will be in the closed position. The Execution Chamber microphone will be turned off.
 - e. [REDACTED]
[REDACTED] Information redacted pursuant to Code of Virginia §2.2-3705.2(6).

- f. The Lead Warden or designee will give the order to restrain and escort the offender to the Execution Chamber. Designated individuals will restrain the offender as necessary, and immediately move to the Execution Chamber followed by the Lead Warden or designee. The offender's Clergy and his/her attorney may enter the Official Witness Room or exit the Unit.
- g. [REDACTED]
[REDACTED]. Information redacted pursuant to Code of Virginia §2.2-3705.2(6).
- h. [REDACTED]. Information redacted pursuant to Code of Virginia §2.2-3705.2(6).
- i. [REDACTED]. Information redacted pursuant to Code of Virginia §2.2-3705.2(6), §2.2-3706(A)(2)(j) and §19.2-11.2.
- j. Both witness curtains will be opened and the chamber microphone turned on. The Lead Warden or designee will read the Execution Order to the offender. The Lead Warden or designee will then ask the offender if he/she has any final words. After the offender's final words, the chamber microphone will be turned off. The designated individuals will move to their assigned posts.
- k. Prior to execution following the offender's last statement, the Lead Warden or designee will step away from the chair and move to the key lock.
- l. Members of the Team will fit the helmet and mask, and attach the electrodes. Once the electrodes have been attached and checked, a designated individual will move to the key lock position and place the key in the lock.
- m. Prior to execution, once the key has been placed into the lock and the designated individual has moved to his/her post, the Lead Warden or designee will signal the Director or designee that all is in readiness to carry out the execution.
- n. The Director or designee, upon receiving authority to proceed with the execution from the Governor's Office, will give the pre-arranged signal to the Lead Warden or designee to carry out the execution.
- o. The Lead Warden or designee will initiate the execution by turning the key. A designated individual(s) will monitor the automated electrocution apparatus ensuring that the offender receives both electrocution cycles. Once both cycles have been completed, and the light connected to the key lock goes out, the key will be removed by the designated team member. A five (5) minute waiting period will be observed. After the five (5) minute waiting period has elapsed, a designated individual will open the offender's shirt. The designated individual will then inform the Physician that the offender is ready to be examined. The Physician will proceed to the offender and check the vital signs. Once the Physician determines that death has occurred, he will announce this to the Lead Warden or designee and leave the chamber. Should the offender not be dead, the Physician will leave the chamber and the Lead Warden or designee will repeat the execution process described

above.

Following a determination by the physician that death has occurred, the Lead Warden or designee will announce to the Director or designee that the court ordered death sentence has been carried out. Immediately following his/her announcement, both witness curtains will be closed fully, blocking observation of the Chamber from both the Official Witness Room and the Non-Contact Visiting Room.

- p. The Director or designee will inform the Governor's Office that the court ordered death sentence has been carried out.
- q. The DOC Director of Communications will notify the media on-site in the designated press area that the court ordered death sentence has been carried out. The recorder will inform the Lead Warden's Office as to the time of the offender's death and the content of any statements made by the offender.
- r. Following the physician's announcement that death has occurred and once the curtain is closed, the designated individuals will remove the electrodes, helmet and leg piece. Designated team individuals will record pertinent information on the offender's medical record. Once the offender is pronounced dead, a certificate of death will be prepared by the designated individual and placed in the package that accompanies the offender's body to the Office of the State Medical Examiner.

s.

[REDACTED]

Information redacted pursuant to Code of Virginia §2.2-3705.2(6), §2.2-3706(A)(2)(j) and §19.2-11.2.

t.

[REDACTED]

Information redacted pursuant to Code of Virginia §2.2-3705.2(6), §2.2-3706(A)(2)(j) and §19.2-11.2

- u. The Execution Team-OIC will ensure that all equipment and supplies used for the execution are properly stored and secured in L-Unit. The perpetual inventory of these supplies will be up-dated and the supplies replenished.
- v. The designated individuals will prepare the body for transport to the State Medical Examiner. This will include, removing all security restraints, affixing a proper toe tag to the deceased's right big toe, placing the body into a body bag, transferring the body to the medical transport vehicle stretcher, and securing the body to the stretcher with soft restraints.
- w. The medical transport vehicle will be staffed [REDACTED]
[REDACTED] Information redacted pursuant to Code of Virginia §2.2-3705.2(6). The Lead Warden's Office will be notified upon the return of the personnel transporting the deceased offender. The designated individuals leading the transportation team will obtain a body receipt prior to leaving the

morgue. The body receipt will be given to and inspected for completeness by the Team OIC and placed in the Execution File. The fingerprints are given to the Executive Secretary in the Lead Warden's Office to process. Once all information is received from the Records Manager, the fingerprints, death notice and finger card are sent to Court and Legal Unit of Central Classification Services. The completed execution file will be sent to Central Classifications Services/Central Records section.

- x. Once the deceased has been removed from L-Unit, the Execution Team will store all equipment and supplies in the proper location and secure the Execution Chamber.

G. Post-Execution Procedures

1. Immediately following the execution, designated individuals will clean the body as needed and apply dry dressings over any open wounds. I.V. lines will be left in place, but secured.
2. The body should be placed in a supine position after death by electrocution, using sandbags on the extremities. If necessary, bind the extremities.
3. A team member will attach a toe tag to the deceased's right big toe.
4. The body will be placed in a body bag and secured to a collapsible stokes type litter. If the deceased offender was diagnosed as HIV+, the symbol HIV+ will be written in large block letters using a red indelible marker on the outside of the body bag along the zipper path.

5.



Information redacted pursuant to Code of Virginia §2.2-3705.2(6).

6. The death certificate and organ donor card (if applicable) will be carried by one of the designated individuals and delivered to the person in charge of the State Medical Examiner's Office. This designated individual will ensure that a receipt for the body is returned to the facility for the record.
7. Other designated individuals will clean and secure the execution chamber, equipment and supplies. All hospital type supplies will be stored in the designated supply cabinet which will be kept locked. The perpetual inventory of these supplies will be updated and the supplies replenished following the execution as necessary.
8. Supplies for Post-Mortem Care

- 1 gallon bleach
- 1 blood spill kit
- 2 disposable body bags
- 6 CRUX Absorbent Under pads non-sterile gloves (1 box)
- 2 disposable wash basins
- 4 two inch (211) Ace wraps
- 2 scissors (one bandage and one sharp-blunt scissors)
- 6 eye pads
- plastic restraints
- Death Certificate
- 2 toe tags
- unsterile 4x4 gauze (1 pkg)
- 6 cloth bath towels
- 1 roll cotton
- Sick Card forms DC-OI-599
- 2 ink pens

3 Kling bandages (2")
3 Kling bandages (3")
6 pillow cases
12 white sheets
sterile water 1000cc bottle
irrigation saline 1000cc bottle
collapsible Stokes Litter
extra restraints
1 stretcher
1 medical transport vehicle

H. Execution Team

1. *Selection of Execution Team:* Prospective individuals will be interviewed by appropriate Execution Team members and selection recommendations will be submitted to the Lead Warden or designee. All recommendations must be approved by the Lead Warden or designee.

The selection process may include an assessment of the prospective team member's ability to work under stress, human relations skills, professional demeanor, and ability to perform the physical requirements of the assignment.

[REDACTED] Information redacted pursuant to Code of Virginia §2.2-3705.7(26) and §53.1-233.

2. *Training:* Each execution team member will train at least eight hours every quarter. In addition, the I.V. Team will receive training quarterly, or more as needed from a physician for skills and knowledge needed for their task. Training records will be kept.
3. *Supervision:* The Lead Warden will appoint an appropriate member of his/her staff who will be responsible for team coordination, supervision and training.

I. Staffing and Post Assignments in L-Unit

[REDACTED]
Information redacted pursuant to Code of Virginia §2.2-3705.2(6).

The L-Unit Staffing Pattern should be updated as needed to reflect current staffing and post requirements (*Attachment # 19*).

V. OFFICE OF PRIMARY RESPONSIBILITY

The Director is responsible for carrying out the death penalty as prescribed by law. This procedure delegates necessary responsibilities.

Chief of Corrections Operations, Deputy Director or designees and Regional Operations Chief or designees are responsible for oversight and monitoring of this procedure within their respective divisions and regions, and for other assignments as instructed by the Director or designee.

The Lead Warden or designees of Greenville Correctional Center is responsible for maintaining the Execution Chamber and ancillary facilities, equipment, and supplies; selecting and training staff to carry out execution procedures; and for all other provisions of this procedure applicable to Greenville Correctional Center. Wardens of other facilities holding offenders under a sentence of death are

responsible for portions of this procedure as it applies to their respective facilities.

VI. REVIEW DATE.

This operating procedure shall be reviewed annually by the Office of Primary Responsibility and re-written no later than February 7, 2020.

A handwritten signature in black ink, appearing to read "H.W. Clarke", is written over a horizontal line.

Harold W. Clarke, Director
Virginia Department of Corrections



Book NO. _____

Seal NO. _____

GREENSVILLE CORRECTIONAL CENTER

SPECIAL WATCH LOG FOR: _____

RECEIVED AT GRCC: _____

DATE SCHEDULED TO BE EXECUTED: _____

Lead Warden



Instructions for maintaining the Special Watch Log of _____.

The pages of this log have been prepared especially for the recording of important information about the offender named above.

Please be sure the appropriate code is used in recording information and write clearly and concisely. Be sure comments are pertinent and clear.

Any event and/or activity, no matter how trivial, are to be recorded. If there is no specific code, use the general "G" code. Be sure each column of the log is completed.

Lead Warden



Greensville Correctional Center

Special Watch/Activity Log

C – Cell Cleaned (time, etc.)

M – Medical (requested by offender, doctor or nurse visited; medication prescribed, etc.)

E – Exercise (where, how long)

T – Telephone (record all calls)

F – Food (record which meal; did offender eat or refuse)

V – Visits (record WHO visited; Family, friend, attorney, paralegal, etc.)

G – General (use this category to record EVERYTHING not under other codes. Be specific – shower taken or refused; cell check; count; laundry/clothing exchange, etc.)

Officer's Name	Date	Time	Code	Comments



Notice of Choice for Method of Execution

To be read to the condemned offender

_____: the date for your execution has been
(Name of Offender)

fixed as _____. You have the right to chose between
(Date of Execution)

electrocution and lethal injection as the method of your execution as long as you make your choice in writing on this form at least fifteen days prior to your scheduled execution. If you refuse to make your choice within that time, the method of execution shall be by lethal injection.

Offender's Choice

Having been informed of my right to choose between electrocution and lethal injection as the method of my execution, I hereby choose (Circle your choice):

1) Electrocution; or

2) Lethal injection

as the method of my execution.

(Date)

(Signature of Offender)

(Witness)

(Witness)



Affidavit for Choice of Execution Method

AFFIDAVIT

I, _____, on _____, read
(Name of Officer) (Date)

the attached "Notice of Choice of Execution Method" form to _____,
(Name of Offender)

which informed him/her of his/her right to choose between electrocution and lethal injection as the method of his/her execution, as long as he/she made a choice in writing on this form at least fifteen days prior to the scheduled execution. If he/she refused to make a choice within that time, the method of execution shall be by lethal injection. On this date, in my presence and the presence of the witnesses of whose names appear on the attached "Notice of Choice of Execution Method", _____ chose:
(Name of Offender)

Electrocution / Lethal Injection / Refused to choose.
(Circle One)

I stayed with him/her from 11:40 p.m. until 12:00 midnight on that date, and throughout that time period, the offender did not change his/her mind.

(Signature of officer who read form to offender)

Commonwealth of Virginia, County of Sussex, to-wit

Sworn and subscribed to before me, a Notary Public in and for the County of Sussex,

this _____ day of _____, _____.

My commission expires: _____

Notary Public



Lethal Injection Equipment and Supplies

Note: To be inspected by Designated Physician's Assistant Team Member. Inspection to be verified by Execution Team OIC.

	<u>ITEM</u>	<u>NEEDED</u>	<u>QUANTITY ON HAND</u>
1.	Stethoscope	1	
2.	Surgical Scissors	1	
3.	Tourniquet	2	
4.	Medical Tape 1" Roll	12	
5.	Gauze/Rolls 6 x 5	24	
6.	Gauze/Pads 4 x 4	4	
7.	Alcohol Prep	1 box	
8.	Intravenous Fluid, 1000cc Normal Saline	6	
9.	60cc Syringe	50	
10.	18g Intercath Needle 1 ¼"	10	
11.	20g Intercath Needle 1"	10	
12.	24g Intercath Needle ¾"	10	
13.	Primary IV Administration Set	2	
14.	"Y" Site Adapters	2	
15.	IV Extension Sets	6	
16.	3cc Syringe with 21g 1 ½" Needle	10	
17.	18g 1 ½" Needle	10	
18.	25g 5/8" Needle	10	
19.	Multi-Lumen Catheter Kits	2	
20.	OR Surgical Table	1	
21.	Instrument Table/Mayo Tray	1	
22.	ECG Patient Monitor w/Printer & Battery Pack	1	
23.	Sharps Container	1	
24.	Kitty Litter	1 bag	

Signature

Date



Electrocution Equipment and Supplies

Note: To be inspected by the Execution Team OIC or Assistant OIC

Items Checked	Condition	Checked By	Date	Time
Ammonia inhalants (1 box)				
Electric Chair				
Headpiece (natural sponge liner only)				
Leg Connection (Natural Sponge Liner Only)				
Stethoscope				
5 gallons fresh water				
3 pounds table salt				
1 fresh egg				
8 pounds ice				
10 sandbags				
Cooling Board				

Signature

Date



Witness Application Form
**** (Please Type or Print) ****

*NAME _____ HOME PHONE _____
CELLULAR PHONE _____
E-MAIL ADDRESS _____

ADDRESS _____

*CITY OR COUNTY OF RESIDENCE _____

SSN: _____ DRIVER'S LICENSE #: _____ DOB: _____

EMPLOYER _____ WORK PHONE _____
ADDRESS _____ FAX NUMBER _____
CITY _____ STATE _____ ZIP CODE _____

*OCCUPATION _____

Please indicate in the following space why you desire to serve as an execution witness:

NOTE: Witnesses must agree to a criminal history check that will be conducted by the Department of Corrections. You must complete and sign the attached Release of Information.

My signature below indicates I have read and understand the requirements of this application and wish to be considered as a prospective witness at an execution. I hereby authorize the release of my name, my city or county of residence and my occupation to the public.

SIGNATURE _____ DATE _____

* Asterisk indicates information released to the media on those selected as a witness

** All official witnesses will be frisk searched before entering the secure perimeter

PLEASE FAX OR MAIL COMPLETED APPLICATION TO THE OPERATIONS OFFICER AT
GREENSVILLE CORRECTIONAL CENTER, 901 CORRECTIONS WAY, JARRATT, VA
23870. FAX NO. 434-535-7060.



Witness Application Form

AUTHORITY FOR RELEASE OF INFORMATION

To Whom It May Concern

I hereby authorize any investigator or duly accredited representative of the Department of Corrections bearing this release, or a copy thereof, to obtain any criminal history information from criminal justice agencies. The information may include, but is not limited to, arrest and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the Department of Corrections and will not be disclosed except as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including records custodians, from any and all liability for damages of any kind which may be a result of my compliance, or attempts to comply with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Signature (full name): _____

Full Name: _____

Other Names Used: _____

Social Security Number: _____

Date: _____

Current Address: _____

Home Telephone Number: _____

Cellular Number: _____

E-mail Address: _____



Selection of Official Witnesses

(Date)

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

(Name of Witness)

(Address of Witness)

Dear _____:
(Name of Witness)

You have been selected to serve as a witness for an execution, which is scheduled to take place at Greenville Correctional Center on _____.
(Date)

You are requested to be at the State Police Headquarters on U.S. 301 North of Emporia, Virginia, at 7:00 p.m., on _____. Your vehicle may be left in the parking lot; however, do not
(Date)

block access to the gasoline pumps. It is also requested that you leave in your vehicle any items which you do not absolutely need for about three (3) hours. These include any weapons (pocketknives), drugs or medications, propane cigarette lighters and tobacco products, cellular phones, watches, keyless remotes, cameras, and audio recording equipment. These items will not be allowed inside the facility. It is required that you have on your person some type of official identification bearing a photograph. Your Virginia driver's license will suffice.

Greenville Correctional Center will provide transportation to the facility where you will be given orientation and instructions prior to your entrance into the Execution Chamber. All official witnesses will be frisk searched before entering the secure perimeter. You will be escorted at all times by representatives of the Department of Corrections. Upon completion of your duties at approximately 9:15 p.m., you will be returned to your vehicle.

You will be contacted by this office should there be any change in arrangements. Thank you in advance for your cooperation.

Sincerely,



Letter to Media Pool Representative

Date

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

(Name of Media Pool Representative)

(Address of Representative)

City, State

Zip Code

Dear _____:
(Name of Representative)

You have been selected as a media pool representative to witness the execution of _____
(Name of condemned offender)
scheduled to take place at Greensville Correctional Center on _____
(Date)

You are requested to report on _____, at 7:00 p.m. to the Greensville Correctional Center
located in Jarratt, Virginia. (Date)

Directions to this institution are enclosed. Please present this letter, your press pass, and picture identification to the Corrections Officer at the institution entry check point. Your driver's license will suffice for picture identification. You will be issued a pass and directed to park in a designated area within the institution parking lot. Once parked, please proceed to the Administration Building front entrance and present your institution pass to the Corrections Officer at the lobby desk. You will be escorted to a briefing room where you will receive an orientation.

You will not be allowed to bring onto the institution premises weapons of any kind, including pocketknives. It is requested that you leave in your vehicle any items which you do not absolutely need for about three (3) hours. These include drugs or medications, propane cigarette lighters, cellular phones, watches, keyless remotes, cameras and audio recording equipment. These items will not be allowed inside the facility. In addition, you may not bring any writing materials or supplies as you will be supplied with a pen and note pad. All media representatives will be frisk searched before entering the secure perimeter. Following the pre-execution briefing, you will be escorted inside the facility to the Execution Chamber. Following the execution, you will be returned to the designated press area.

It is requested that you contact this office and speak with Mr./Mrs. _____ in the event you will not be able to attend. You will be contacted should there be any change in current arrangements. Thank you in advance for your cooperation.

Sincerely,

Lead Warden

Cc: Operations Officer
(Execution File)



Victim Services Unit Virginia Department of Corrections

- SUBJECT:** The Victim Services Unit (VSU) of the Virginia Department of Corrections (DOC) procedures for selected victims of crime viewing executions of death sentences.
- PURPOSE:** To establish policies and procedures for the VSU on behalf of crime victims who attend execution of death sentences in Virginia.
- DEFINITIONS:** Crime victims shall be deemed to include the following relatives of the victim:
1. Spouse at the time of the murder;
 2. Mother or father, whether by birth, adoption or marriage;
 3. Sisters or brothers, full or half;
 4. Children, whether by birth, adoption or marriage;
 5. Guardian or person standing in loco parentis;
 6. Any other relatives chosen by any of the above-listed family members.

PROCEDURES:

I. Preparation:

- A. VSU staff will contact the Office of the Attorney General Victim Notification Program to determine likelihood of execution and request name address and telephone number of all victim witnesses.
- B. VSU staff will request offender's file from Classification and Records and thoroughly review file.
- C. VSU staff will contact the DOC Media Representative to determine method of execution (lethal injection or electrocution).

II. Verifying Interest:

- A. No person under the age of eighteen (18) years of age shall be allowed to witness an execution.
- B. All family members wishing to witness an execution shall submit a written request to the DOC Victim Services Unit a minimum of two weeks prior to the scheduled execution to allow the DOC to act upon the request.
- C. If more requests are submitted that the facility can accommodate, the family members shall decide among themselves who will witness the execution. The Secretary of Public Safety shall have the discretion to deny permission to all family members in the event they are unable to decide who will witness the execution.
- D. VSU staff will provide a list of names, addresses, and telephone numbers of all victim witnesses to the Director of the DOC for final approval.
- E. The Director of the DOC will determine the maximum number of victim witnesses who will be allowed to witness an execution taking into consideration available space and facilities.
- F. In the case of an execution of a murderer of multiple victims, the DOC shall allocate as equally as practical the spaces available to the family members of each victim for which a trial resulted in the conviction of capital murder.
- G. Prior to the execution date, a packet of execution related materials will be mailed by the VSU to all approved victim witnesses. The information shall contain a fact sheet on witnessing executions, [REDACTED], Information redacted pursuant to Code of Virginia §2.2-2705.2(6), §2.2-3706(A)(2)(j) and §19.2-11.2 appropriate dress, information informing victim



witnesses that they will be required to show photo identification and the original letter from the Department of Corrections of their approval as a victim witness.

- H. The DOC shall ensure that family members are physically separated from other witnesses and that there is no opportunity for verbal or visual contact between family members and the offender or other witnesses.
- I. The DOC shall reserve the right to remove immediately any family member who becomes disruptive to the proceedings.

III. Description and Explanation of Procedures: Information redacted pursuant to Code of Virginia §2.2-2705.2(6), §2.2-3706(A)(2)(j) and §19.2-11.2

- A. [REDACTED]
- B. [REDACTED]
- C. [REDACTED]
- D. [REDACTED]
- E. [REDACTED]
- F. [REDACTED]
- G. [REDACTED]
- H. [REDACTED]
- I. [REDACTED]



SHOWER SCHEDULE

The offender will be scheduled for a minimum of three (3) showers per week.

VISITING SCHEDULE FOR L-UNIT OFFENDERS

Attorneys/Paralegals

Shall be requested and arranged through the Lead Warden's Office. Visits are held at the cell.

24 HOUR ACCESS IN EVENT OF EMERGENCIES

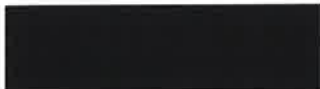
Personal Visitors Information redacted pursuant to Code of Virginia §2.2-3705.2(6)



NON-CONTACT
NON-CONTACT

DAY OF SCHEDULED EXECUTION, IMMEDIATE FAMILY

Only one time slot may be selected for a contact visit. Immediate family consists of father, mother, brother, sister, wife, children, and grandparents. Information redacted pursuant to Code of Virginia §2.2-3705.2(6)



CLERGY Information redacted pursuant to Code of Virginia §2.2-3705.2(6)



At the Cell
At the Cell
At the Cell

NEWS MEDIA

8:00 a.m. to 4:00 p.m.

NON-CONTACT

All media contacts must be authorized and scheduled in advance through the DOC's Director of Communications. All news media interviews will be done by telephone only. NO media interviews will be done on the day of the execution.



CRC 228

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

COPY A
FOR DIVISION OF
VITAL RECORDS

REGISTRATION AREA NUMBER	CERTIFICATE NUMBER	MEDICAL EXAMINER'S CERTIFICATE	STATE FILE NUMBER
1. FULL NAME OF DECEASED (first) (middle) (last)		2. SEX male female <input type="checkbox"/> <input type="checkbox"/>	
3. DATE OF DEATH (mo.) (day) (year)		4. AGE (years) (months) (days)	5. DATE OF BIRTH (mo.) (day) (year)
6. IF UNDER 1 YEAR (month) (day) (year)		6. IF UNDER 1 DAY (hour) (minute)	7. WAS DECEASED EVER IN U.S. ARMED FORCES? yes no <input type="checkbox"/> <input type="checkbox"/>
8. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state)		9. COUNTY OF DEATH (if independent city, leave blank)	10. CITY OR TOWN OF DEATH (if independent city, leave blank)
11. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE		12. COUNTY OF DECEASED'S RESIDENCE (if independent city, leave blank)	
13. CITY OR TOWN OF RESIDENCE (if independent city, leave blank)		14. STREET ADDRESS OR RT. NO. OF RESIDENCE	
15. NAME OF DECEASED'S FATHER		16. MOTHER NAME OF DECEASED'S MOTHER	
17. RACE OF DECEASED		18. OF HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Rican, etc. <input type="checkbox"/> no <input type="checkbox"/> yes	
19. EDUCATION (Specify only highest grade completed)		20. CITIZEN OF WHAT COUNTRY	
21. BIRTHPLACE (state or country)		22. NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/>	
23. SOCIAL SECURITY NUMBER		24. USUAL OR LAST OCCUPATION	
25. KIND OF BUSINESS OR INDUSTRY		26. INFORMANT - OR SOURCE OF INFORMATION	
27. PART I. Enter the disease, injury, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) DUE TO (OR AS A CONSEQUENCE OF):			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST (B) DUE TO (OR AS A CONSEQUENCE OF):			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. (C)		28. AUTOPSY? AUTHORIZED BY: yes no <input type="checkbox"/> <input type="checkbox"/>	
29a. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes no unknown <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		29b. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH	
29c. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED		29d. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)	
29e. TIME OF INJURY (mo.) (day) (year) A.M. P.M.		29f. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/>	
29g. I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted at or about (A.M.) (P.M.) from:		29h. (city or town) (county) (state)	
NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>		DATE SIGNED:	
ACTUAL SIGNATURE			
NAME OF MEDICAL EXAMINER (Type or Print)		ADDRESS OF MEDICAL EXAMINER	
29. BURIAL REMOVAL CREMATION <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		30. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state)	
31. (Signature of funeral director or person legally filing this certificate)		NAME OF FUNERAL HOME AND ADDRESS	
32. (Signature of registrar)		DATE RECORD FILED:	
RESERVED FOR REGISTRAR'S USE			

Complete and sign medical certification (pam 28) and give it to funeral director as soon as possible after inquiry.

NOTE: If "Pending" must be indicated, notify registrar of final decision as soon as possible.

FUNERAL DIRECTOR

REGISTRAR



Condemned Offender's Last Name, First Name MI DOC # Race Age Sex Page #

Capital Murder

Circuit Court of (sentencing court): _____

Received by DOC: _____

Executed: _____ Greenville Correctional Center

Witnesses:

(Official Witnesses)

(Media Witnesses)

Attending Physician: _____

(Type Name)
Director

(Type Name)
Lead Warden



Condemned Offender's Last Name, First Name MI _____ DOC # _____ Race _____ Age _____ Sex _____ Page # _____

Race: _____ Age: _____ Sex: _____

Capital Murder

Circuit Court of (sentencing court): _____

Received by DOC: _____

Executed: _____ Greenville Correctional Center

Witnesses:

(Official Witnesses)

(Media Witnesses)

Attending Physician: _____

(Type Name)
Director

(Type Name)
Lead Warden

Memoranda:

Seated _____ Current On _____

Current Off _____

Volts _____ Amperes _____

Pronounced Dead _____



Lethal Injection Execution Affidavit

Virginia:

IN THE CIRCUIT COURT FOR THE _____ OF
(City or County)

(Name of the City or County of Jurisdiction)

COMMONWEALTH OF VIRGINIA

Plaintiff,

VS

(Name of Executed Offender)

Defendant.

AFFIDAVIT

State of Virginia, County of Greenville, to-wit

(Name of Warden) first duly sworn, states as follows:

1. I am the Lead Warden at Greenville Correctional Center.
2. It is my responsibility to oversee the process of carrying out executions of persons sentenced to the penalty of death by courts of law within the Commonwealth of Virginia.
3. _____ was sentenced to the penalty of death and ordered
(Name of Executed Offender)
to be executed on _____ by your court.
(Date of Execution)
4. On _____, _____ was executed at the
(Date of Execution) (Name of Executed Offender)
Greenville Correctional Center by lethal injection.



5. Attached to this affidavit is a copy of the death certificate for _____.
(Name of Executed Offender)

(Name of Lead Warden)

Commonwealth of Virginia
County of Greenville, to-wit

Sworn and subscribed to before me, a Notary Public, in and for the State of Virginia,
County of Greenville, the _____ day of _____, 20__.

Notary Public

My commission expires: _____



Electrocution Execution Affidavit

Virginia:

IN THE CIRCUIT COURT FOR THE _____ OF
(City or County)

(Name of the City or County of Jurisdiction)

COMMONWEALTH OF VIRGINIA

Plaintiff,

VS

(Name of Executed Offender)

Defendant.

AFFIDAVIT

State of Virginia, County of Greenville, to-wit

(Name of Warden) first duly sworn, states as follows:

1. I am the Lead Warden at Greenville Correctional Center.
2. It is my responsibility to oversee the process of carrying out executions of persons sentenced to the penalty of death by courts of law within the Commonwealth of Virginia.
3. _____ was sentenced to the penalty of death and ordered
(Name of Executed Offender)
to be executed on _____ by your court.
(Date of Execution)
4. On _____, _____ was executed at the
(Date of Execution) (Name of Executed Offender)
Greenville Correctional Center by electrocution.



5. Attached to this affidavit is a copy of the death certificate for _____
(Name of Executed Offender)

(Name of Lead Warden)

Commonwealth of Virginia
County of Greenville, to-wit

Sworn and subscribed to before me, a Notary Public, in and for the State of Virginia,
County of Greenville, the _____ day of _____, 20__.

Notary Public

My commission expires: _____



COMMONWEALTH of VIRGINIA

Department of Corrections

Division of Operations

Eastern Region

OFFICE OF LEAD WARDEN

Greensville Correctional Center

901 Corrections Way
Jarratt, VA 23870
(434) 535-7000

(Date)

(Inside Address)

Re: (Condemned Offender's Name and Number)

Dear:

I write in regard to the above-mentioned individual who was executed at the Greensville Correctional Center on _____.
(Date of Execution)

Be advised that Mr./Mrs. _____ designated you as his next-of-kin in the event of his/her death
(Condemned offender's last name)
and the individual to claim his/her body and receive his/her personal property items and funds.

You may contact the Office of the State Medical Examiner in Richmond, Virginia at (804)786-3174 with regard to his/her body.

Enclosed, please find information relative to the disposition of offender's personal property in the event of death. Please note that sixty (60) days must have elapsed before any property and/or funds can be released.

I trust that this information is helpful to you.

Sincerely yours,

(Name)
Lead Warden

XXX/xxx
Enclosure



Chemical Dosage Chart

Name: _____ DOC #: _____

Positioned: _____ a.m./p.m.

Chemical	Set #1	Set #2	Set #3
Pentobarbital / Sodium Thiopental Circle One	____ / ____ Time Amount _____	____ / ____ Time Amount _____	____ / ____ Time Amount _____
30 Second Waiting Period	____ / ____ End Time Start Time _____	____ / ____ End Time Start Time _____	____ / ____ End Time Start Time _____
Rocuronium / Pancuronium Bromide Circle One	____ / ____ Time Amount _____	____ / ____ Time Amount _____	____ / ____ Time Amount _____
Potassium Chloride	____ / ____ Time Amount _____	____ / ____ Time Amount _____	____ / ____ Time Amount _____

Pronounced time of death: _____

Date: _____

Name of Recorder: _____
(Print)

(Signature)



CONTROLLED CHEMICAL DISPOSITION RECORD - VIRGINIA DEPARTMENT OF CORRECTIONS

CHEMICALS DISPENSED BY CORRECTIONS PHARMACY

NAME OF CHEMICAL – AMOUNT	DATE ISSUED	LOT NO.	EXP. DATE	NUMBER OF VIALS
MIDAZOLAM - 1.5 GRAMS				
PENTOBARBITAL – 7.5 GRAMS				
SODIUM THIOPENTAL – 6 GRAMS				
ROCURONIUM BROMIDE – 1,800 MG				
PANCURONIUM BROMIDE – 150 MG				
POTASSIUM CHLORIDE – 720 MEQ				
DIAZEPAM – 20 MG				

ISSUED BY: (SIGN AND PRINT NAME)	RECEIVED BY: (SIGN AND PRINT NAME)	DEPT/LOCATION
--	--	----------------------

CHEMICALS DELIVERED TO GREENSVILLE

DATE:	CHEMICALS RECEIVED	AMOUNT RECEIVED	LOCATION OF CHEMICALS
	MIDAZOLAM		
	PENTOBARBITAL		
	SODIUM THIOPENTAL		
	ROCURONIUM BROMIDE		
	PANCURONIUM BROMIDE		
	POTASSIUM CHLORIDE		
	DIAZEPAM		

DELIVERED BY: (SIGN AND PRINT NAME)	RECEIVED BY: (SIGN AND PRINT NAME)	DEPT/LOCATION
---	--	----------------------

CHEMICALS ADMINISTERED BY DESIGNATED TEAM MEMBER

DATE:	TIME:	OFFENDER NAME/NUMBER	CHEMICALS ADMINISTERED	AMOUNT
			MIDAZOLAM	
			PENTOBARBITAL	
			SODIUM THIOPENTAL	
			ROCURONIUM BROMIDE	
			PANCURONIUM BROMIDE	
			POTASSIUM CHLORIDE	
			DIAZEPAM	

CHEMICALS DESTROYED

CHEMICAL DESTROYED	AMOUNT DESTROYED	NO. OF SYRINGES	DATE DESTROYED	DEPT/LOCATION
MIDAZOLAM				
PENTOBARBITAL				
SODIUM THIOPENTAL				
ROCURONIUM BROMIDE				
PANCURONIUM BROMIDE				
POTASSIUM CHLORIDE				
DIAZEPAM				

DESTROYED BY: (SIGN AND PRINT NAME)	WITNESSED BY: (SIGN AND PRINT NAME)	DEPT/LOCATION
---	---	----------------------

CHEMICALS RETURNED TO CORRECTIONS PHARMACY

SEAL NUMBER:

LOCKED/SEALED BY: (SIGN AND PRINT NAME)	RETRIEVED/VERIFIED BY: (SIGN AND PRINT NAME)	DEPT/LOCATION
---	--	----------------------

DATE RETURNED:	CHEMICALS RETURNED	AMOUNT RETURNED	NUMBER OF VIALS
	MIDAZOLAM		
	PENTOBARBITAL		
	SODIUM THIOPENTAL		
	ROCURONIUM BROMIDE		
	PANCURONIUM BROMIDE		
	POTASSIUM CHLORIDE		
	DIAZEPAM		

RETURNED BY: (SIGN AND PRINT NAME)	RECEIVED/SEAL VERIFIED BY: (SIGN AND PRINT NAME)	DEPT/LOCATION
--	--	----------------------



L-UNIT SHARPS INVENTORY ACCOUNTABILITY RECORD

	Balance Brought Forward			ADMINISTERED BY	
	DATE	INMATE NAME	DOC #	T/M #1	T/M #2
18Gx1-1/2" Needle	100	xx		1	Curved Forceps
25Gx5/8" Needle	50	xx			
20Gx1" IV Catheter	100	xx			
18Gx1-1/4" IV Catheter	50	xx			
24Gx3/4" IV Catheter	150	xx			
Multi-Lumen Catheter Kit	5	xx			
3cc-21Gx1-1/2" Syringe	75	xx			
21Gx3/4" Butterfly	50	xx			
25Gx1" Butterfly	50	xx			
18Gx1.16 IV Catheter	100	xx			
22Gx1-1/2" Safety Needles	100	xx			
21Gx1" Safety Needles	100	xx			
Scissors	2	xx			
Straight Forceps	1	xx			
Curved Forceps	1	xx			

DO NOT ADD ANY ITEM TO THIS SHEET WITHOUT APPROVAL OF TEAM LEADER



Unit Staffing Pattern

Information redacted pursuant to Code of Virginia §2.2-3705.2(6)

