

WARDEN/DESIGNEE'S REVIEW
 AFTER DISCHARGE (SIGN:) _____

SEGREGATION/ISOLATION CHECKLIST

INMATE NAME: _____ NUMBER: _____ RACE: _____
 PRIOR LIVING UNIT: _____ COUNSELOR: _____ PRIOR JOB DETAIL _____
 DATE COMMITTED: _____ EXPECTED DISCHARGE DATE: _____ STATUS: _____
 TIME COMMITTED: _____ ACTUAL DISCHARGE DATE & TIME: _____
 REASON FOR ASSIGNMENT: _____

PERTINENT INFORMATION: _____

Date	Shift	Meals			SH	EXER	COMMENTS (Include note/sig. of staff visits, such as medical)	ADM REV:	OFFICER SIG:
		B	L	S					
	1st								
	2nd								
	3rd								
	1st								
	2nd								
	3rd								
	1st								
	2nd								
	3rd								
	1st								
	2nd								
	3rd								
	1st								
	2nd								
	3rd								
	1st								
	2nd								
	3rd								
	1st								
	2nd								
	3rd								

EXPLANATORY NOTES: Meals - Yes(Y) or No(N) or Refused(R); Shower(SH) - Same codes as meals; Exercise (Exer) - Enter actual time period (e.g. 9:15AM - 10:30AM Inside)

PERTINENT INFORMATION: Epileptic, Diabetic, Religious Diet, Suicidal, Assaultive, etc.

COMMENTS: General conduct, attitude, hygiene, sanitation of cell, (continue on back if needed).

ADMINISTRATIVE REVIEW: Asst. Warden or Duty Officer, shift OIC/Captain, as appropriate

