

AUTHORIZED ITEMS CHECKLIST  
TO/FROM ASMP (TRANSIENT)

	(1) Depart Original Facility	(2) Arrive ASMP	(3) Depart ASMP	(4) Arrive Original Facility
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MALE ITEMS:				
1 State Coat	_____	_____	_____	_____
1 Belt (issue)	_____	_____	_____	_____
3 Pairs of Socks	_____	_____	_____	_____
FEMALE ITEMS:				
3 Pair of Stockings/Socks	_____	_____	_____	_____
1 Make-up Kit Containing:	_____	_____	_____	_____
1 Lipstick	_____	_____	_____	_____
1 Mascara	_____	_____	_____	_____
1 Eyeshadow	_____	_____	_____	_____
3 Bras (inc. worn)	_____	_____	_____	_____
1 Jacket or Sweater	_____	_____	_____	_____
MALE OR FEMALE ITEMS:				
3 Uniforms	_____	_____	_____	_____
1 Pair of Shoes (worn)	_____	_____	_____	_____
1 Sweat Shirt	_____	_____	_____	_____
3 Sets of Underwear	_____	_____	_____	_____
3 Pairs of Socks	_____	_____	_____	_____
1 Pair of Shower Shoes	_____	_____	_____	_____
2 Towels (not blue/black)	_____	_____	_____	_____
2 Face Cloths (not blue/black)	_____	_____	_____	_____
1 Padlock	_____	_____	_____	_____
1 Laundry Bag	_____	_____	_____	_____
1 I. D. Card	_____	_____	_____	_____
1 Prescription Eyeglasses	_____	_____	_____	_____
1 Set of Dentures	_____	_____	_____	_____
1 Watch	_____	_____	_____	_____
1 Ring	_____	_____	_____	_____
1 Religious Medallion	_____	_____	_____	_____
1 Bible or Koran	_____	_____	_____	_____
1 Writing Pad	_____	_____	_____	_____
1 Pen or Pencil	_____	_____	_____	_____
1 Soap	_____	_____	_____	_____
1 Toothpaste	_____	_____	_____	_____
1 Toothbrush	_____	_____	_____	_____
1 Lotion or Oil	_____	_____	_____	_____
1 Comb or Brush	_____	_____	_____	_____
1 Safety Razor (or elect. rotary only)	_____	_____	_____	_____
1 Shaving Cream/Powder	_____	_____	_____	_____
1 Deodorant or Baby Power	_____	_____	_____	_____
1 Shampoo	_____	_____	_____	_____
1 Conditioner	_____	_____	_____	_____
1 Hair Cream	_____	_____	_____	_____
1 Drinking Cup	_____	_____	_____	_____
Legal Material List				
_____				
_____				
_____				

SPECIAL APPLIANCES

Circle if appropriate and note whether the item is wood or metal:

1 Walker	_____
1 Cane	_____
1 Pair of Crutches	_____
1 Wheelchair	_____

Prosthesis - List if applicable:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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(1) _____ Offender Sign/Number/Date	(1) _____ ID Officer Sign/Date
(2) _____ Offender Sign/Number/Date	(2) _____ ID Officer Sign/Date
(3) _____ Offender Sign/Number/Date	(3) _____ ID Officer Sign/Date
(4) _____ Offender Sign/Number/Date	(4) _____ ID Officer Sign/Date