

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

SEGREGATION/ISOLATION CHECKLIST - 8 Hour

OFFENDER 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

Retention Schedule: Upon completion, this form shall be placed in the offender's institutional file.

