SEGREGATION/ISOLATION CHECKLIST - 8 Hour

(Page 2 on Back)

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

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.

Attachment 3 SOP 209.06 2/19/21 Page 2 of 2 (Back of Page 1)

SEGREGATION/ISOLATION CHECKLIST - 8 Hour 30-MINUTE OR 15-MINUTE WATCH Segregation/Isolation Observation Record

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