

**Georgia Department of Corrections
Mental Health Services
Restrictive Housing Rounds Log**

Restrictive Housing Unit: _____ Date: _____

Staff Person Conducting Rounds: _____ Time In: _____

Officer(s) on Duty: _____ Time Out: _____

Offenders in Need of Mental Health Services:

Offender	Number	Description

Signature/Title of Mental Health Staff Person

Mental Health Unit Manager Signature