

### Special Management Unit: Tier III Program Cell Check Sheet

Offender's Name & GDC ID#: \_\_\_\_\_

Housing Unit: \_\_\_\_\_ Cell #: \_\_\_\_\_

Date Beginning: \_\_\_\_\_ Date Ending: \_\_\_\_\_

The following items will be inspected in each cell:

ITEM	ACCEPTABLE	UNACCEPTABLE	DISCREPANCIES NOTED
<b>DESKS</b>			
<b>DOORS</b>			
<b>LOCKS</b>			
<b>WALLS</b>			
<b>WINDOWS</b>			
<b>HANDICAP RAILS</b>			
<b>BEDS</b>			
<b>LOCKER BOXES</b>			
<b>TOILETS</b>			
<b>SINKS</b>			
<b>SHOWERS</b>			
<b>TELEVISIONS</b>			
<b>FIRE SPRINKLERS</b>			

I understand that I will receive a DR and be charged for any DISCREPANCIES, or any DAMAGE to State Property that is not noted above, if found GUILTY.

\_\_\_\_\_  
 Offender's Signature

\_\_\_\_\_  
 Officer's Signature

\_\_\_\_\_  
 Officer's Signature (Witness)

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