

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
DESKS			
DOORS			
LOCKS			
WALLS			
WINDOWS			
HANDICAP RAILS			
BEDS			
LOCKER BOXES			
TOILETS			
SINKS			
SHOWERS			
TELEVISIONS			
FIRE SPRINKLERS			

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.