

**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.

