

**Administrative Segregation: Tier II Program
CELL CHECK SHEET**

Offender Name & GDC #: _____

Housing Unit: _____ Cell #: _____

Date Beginning: _____ Date Ending: _____

The following items will be inspected in each cell:

ITEM	ACCEPTABLE	UNACCEPTABLE	DISCREPANCIES NOTED
LIGHTS			
DOORS			
LOCKS			
WALLS			
WINDOWS			
HANDICAP RAILS			
BEDS			
LOCKER BOXES			
TOILETS			
SINKS			
SHOWERS			
FIRE SPRINKLERS			
HEATER VENT COVER			
LIGHT SWITCH			
FASTENING HARDWARE			

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 Signature/Date

Officer Signature/Date

Officer Signature (Witness)/Date

**Form shall be maintained with the offender's door chart.