

INMATE OBSERVATION REPORT						REPORT DATE (YYYYMMDD)
1. INMATE NAME (<i>Last, First, Middle</i>)			2. SSN		3. ID NUMBER	
4. CUSTODY LEVEL		5. QUARTERS AND DETAIL		6. CELLBLOCK/DORMITORY		7. CELL #/BUNK #
8. OBSERVATION						
a. TYPE OF OBSERVATION: <input type="checkbox"/> FAVORABLE <input type="checkbox"/> UNFAVORABLE <input type="checkbox"/> INJURY <input type="checkbox"/> BEHAVIORAL						
b. DATE (YYYYMMDD)		c. TIME	d. LOCATION		e. WAS INMATE NOTIFIED ABOUT THIS REPORT: <input type="checkbox"/> YES <input type="checkbox"/> NO	
9. OBSERVATION REPORTED BY						
a. NAME (<i>Last, First, Middle</i>)			b. GRADE	c. TITLE		d. DATE (YYYYMMDD)
10. WITNESS						
a. NAME (<i>Last, First, Middle</i>)			b. GRADE	c. TITLE		d. DATE (YYYYMMDD)
11. OBSERVATION SUMMARY (<i>Give an in-depth description of the observation; include all necessary information, provide attachment if necessary</i>):						
12. SIGNATURE OF REPORTING PERSON				b. DATE (YYYYMMDD)		
13. WAS IMMEDIATE MEDICAL ATTENTION NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO					b. DATE (YYYYMMDD)	c. TIME
d. DESCRIBE ANY IMMEDIATE MEDICAL ATTENTION GIVEN:						
14. OBSERVATION REPORTED TO						
a. SUPERVISOR NAME (<i>Last, First, Middle Initial</i>)					b. DATE (YYYYMMDD)	c. TIME
15. ACTIONS OF CORRECTIONS SUPERVISOR:						
16. ACTIONS OF REVIEWING AUTHORITY:						
17. COMMANDING OFFICER REVIEW						
a. NAME, GRADE, TITLE			b. SIGNATURE			c. DATE (YYYYMMDD)