

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