## Restrictive Housing Individual Record

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Inmate Name:							Inma	te Nun	ıber:				Assigned Cell:		
Institution: Inmate Status:						Date	Placed	l:							
Regular	Housing	Unit (TPU Inmat	es Only):												
Date/	· · · · · · · · · · · · · · · · · · ·							Shave	Hygiene Items				Outdoor		
Day	Shift	В	L		S	Ž	Shower	Sh	Ħ	Start	End	Star	t End	Officer	
	1st														
	2nd														
	3rd														
	1st														
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	3rd														
Comn	nents:														

Comments - Conduct, Attitude, etc. Document on reverse side if additional space is needed. Must include date, signature and title.

- •Place an (R) in the box when the inmate refuses the activity or item. •Place a (X) in the box when the inmate accepts the activity or item.
- •Meals: B- Breakfast, L- Lunch, S- Supper (enter refusals and alternative meal service only) Exercise (if accepted, enter actual start & end times. If refused, place an (R) in the start box and the time refused in the end box.) Medical (Nurse enters initials).

Unit Staff 7 day Status Review (For RH/ERH Inmates Only)	(Any significant issues are to be documented in the electronic file.)				
UM Staff Member Completing Status Review:		Date:			
Mental Health Staff 7 day Status Review (For RH/ERH Inmates Only)	(Any significant issue	s are to be documented in the electronic file.)			
MH Staff Member Completing Status Review:		Date:			

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Inmate Name:							Inmate Number:						Assigned Cell:		
Institution: Inmate Status:							Date Placed:								
Regular Housing Unit (TPU Inmates Only):															
Refusals or Alternative									Hygiene Items						
Meal Service Only						H		ne I	Exercise Ti						
Date/	C1 . C	*		ne or AM-Time)		Medical	Shower	Shave	ygie	Indoor O Start End Sta			tdoor		
Day	Shift	В	L		S	ıΣ	S	Sh	_£	Start	End	Star	t End	Officer	
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	2nd														
	3rd														
Comm	ents:														
Comm	ents -	Conduct, Attitu	ıde, etc. l	Docume	nt on reverse	side i	f addi	tional	space	e is need	led. M	ust inc	lude date	e, signature and title.	
•Place	an (R) i	n the box when	the inma	ate refus	ses the activi	ty or i	tem.	•Plac	e a (X	) in the	box wh	en the	inmate a	ccepts the activity or item.	
														oted, enter actual start & end	
times.	ii reiuse	d, place an (R)	in the st	arı box a	ing the time i	reTuse	a in tn	e ena	box.)	Medic	ai (Nur	se ente	ers initial	s).	
Unit S	toff 7 d	ay Status Rev	iow (Fo	т В Н/Б	DH Inmete	os Onl	w)			(Any sig	nificant i	551125 (1)	re to he do	cumented in the electronic file.)	
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UM Sta	att Memb	er Completing Sta	uus Kevie	w:									Date:		
Menta	l Healt	h Staff 7 day	Status F	Review (	For RH/EF	RH In	mates	Onl	v)	(Anv sig	gnificant	issues a	re to be da	ocumented in the electronic file.)	
		er Completing Sta							·J J	17 208	, .,		Date:		
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