

Restrictive Housing Individual Record

Inmate Name:		Inmate Number:		Assigned Cell:	
Institution:		Inmate Status:		Date Placed:	
Regular Housing Unit (TPU Inmates Only):					

Date/ Day	Shift	Refusals or Alternative Meal Service Only (Document R-Time or AM-Time)			Medical	Shower	Shave	Hygiene Items	Exercise Times		Officer
		B	L	S					Indoor Start	End	
	1st										
	2nd										
	3rd										
	1st										
	2nd										
	3rd										
	1st										
	2nd										
	3rd										
	1st										
	2nd										
	3rd										
	1st										
	2nd										
	3rd										
	1st										
	2nd										
	3rd										

Comments:

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:
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Mental Health Staff 7 day Status Review (For RH/ERH Inmates Only) *(Any significant issues are to be documented in the electronic file.)*

MH Staff Member Completing Status Review:	Date:
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Unit Staff 7 day Status Review (For RH/ERH Inmates Only)

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Mental Health Staff 7 day Status Review (For RH/ERH Inmates Only)

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