

Individual Prisoner Special Housing Record

Prisoner: _____ OTIS No.: _____
 (Last) (First) (MI)

Institution: _____
 Authorized By: _____ Regular Quarters: _____
 Violation/Reason: _____ Cell: _____
 Pertinent Information: _____
 Segregation Status Length: _____

Date Start: _____ Time: _____
 End Date: _____ Time: _____

Date	Shift	Meals			SH	EX	Medical Signature	Comments: Use Reverse Side if Required	OTC Signature	SS INIT
		B	L	D						
	Nite									
	Day									
	Swing									
	Nite									
	Day									
	Swing									
	Nite									
	Day									
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	Nite									
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	Day									
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	Nite									
	Day									
	Swing									
	Nite									
	Day									
	Swing									
	Nite									
	Day									
	Swing									

KEY Pertinent Information: e.g., Epileptic, Diabetic, Suicidal, etc.
 Meals: B-Breakfast L-Lunch D-Dinner
 SH: Shower (Y) Yes (N) No (R) Refused
 EX: Exercise: Enter actual time period, if refused, and Indoors or Outside, e.g., 9:30A-10A/IN, 2P-2:30P/OUT, or 9A/R
 Comments: e.g., conduct, attitude, etc. Any supplementary comments entered on the reverse side of this record must include date, time, signature, and title of the officer making the entry.
 Officer-In-Charge Signature: OIC must sign the record for each shift. The OIC is the officer assigned the responsibility to monitor the segregation.
 SS Initials: The Shift Supervisor must initial for his or her shift, certifying the record for the shift.