1. Subject prisoner is considered a risk for suicide. Accordingly, the following suicide precautions are recommended. This prisoner is hereby recommended for placement in segregation by a mental health or medical professional. [22 AAC 05.485(4)]

(A) Housing:
   ( ) House with roommate
   ( ) Isolation

(B) Cumulative Observations:
   ( ) 5 minutes
   ( ) 15 minutes
   ( ) Other

(C) Management: (Apply checked boxes)
   ( ) Strip Cell
   ( ) Strip Search
   ( ) Supervised Shower
   ( ) Finger Foods
   ( ) Community Meals
   ( ) Suicide Blanket Only (No linen)
   ( ) No Sharps/Razors
   ( ) No Matches

Institutional Blues:
   ( ) Bottoms Only
   ( ) Tops Only
   ( ) No T-Shirt/Socks
   ( ) Jockey Shorts Only
   ( ) Regular Meals (Count Utensils) (No Phone Calls)
   ( ) No Out of Facility Movement (Transfer, Court, etc.)
   ( ) No Off-Unit Movement
   ( ) Yard
   ( ) Recreation Time
   ( ) Restraints: ( ) Soft
   ( ) Hard
   ( ) Ankle
   ( ) Wrist
   ( ) Strait Jacket

(D) Visitors:
   ( ) No Visitors
   ( ) Visitor: ________________________ is Specifically Excluded.
   Reason: ______________________________

2. The above procedures/precautions should remain in effect until prisoner is re-evaluated by mental health/medical staff.

______________________________ (Signed)

( ) Mental Health Clinician
( ) Medical Staff
( ) Other
Mental Health Recommendation to the Superintendent or Designee

(  ) The above Suicide Precautions are instituted and justified because:

(  ) Effective immediately the above precautions are **CANCELLED** because:


Signature: ____________________________________________  Title: ________________________________

**Superintendent or Designee Review and Comment:**


Approved □ Denied  Date: __________  Signature: ________________________________