

INSPECTION RECORD OF PRISONER IN SEGREGATION

PRIVACY ADVISORY

Disclosure of this information is voluntary and will be used to assess the health of the prisoner and determine whether there are any medical reasons prohibiting the prisoner from being placed in segregated housing. For additional information, see System of Records Notice, A0190-47 DAPM-ACC, "Army Corrections System and Parole Board Records," NM01650-1, "Individual Confinement Records," and F031 AF SF A, "Correction and Rehabilitation Records" published at <https://dpcl.dod.mil/Privacy/SORNs/>. When completed, this form contains personally identifiable information and is protected by the Privacy Act of 1974, as amended.

TYPE OF SEGREGATION (X one) <input type="checkbox"/> ADMINISTRATIVE <input type="checkbox"/> DISCIPLINARY		INSTALLATION	FACILITY	
NAME (Last, First, Middle)			PRETRIAL OR POST-TRIAL	REGISTRATION NUMBER
REASON FOR SEGREGATION (Cite offense for disciplinary segregation)			DATE SEGREGATION IMPOSED (YYYYMMDD)	DATE OF ACTUAL RELEASE FROM SEGREGATION (YYYYMMDD)

PART I - SPECIAL INSTRUCTIONS/REMARKS (Enter comments relative to the prisoner's custody, control and security measures, diet, behavior, etc.)

PART II - DAILY INSPECTION RECORD (Signed daily by the below named positions)

DATE	HOUR	CONDUCT	SIGNATURE OF SHU STAFF/ AUTHENTICATION OFFICER	HOUR	SIGNATURE OF DUTY OFFICER	HOUR	CONDITION	SIGNATURE OF MEDICAL OFFICER	HOUR	OTHER
	AM									
	PM									
	AM									
	PM									
	AM									
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TYPE OF SEGREGATION (<i>X one</i>) <input type="checkbox"/> ADMINISTRATIVE <input type="checkbox"/> DISCIPLINARY	NAME (<i>Last, First, Middle</i>)	GRADE
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DATE	HOUR	CONDUCT	SIGNATURE OF CHAPLAIN	HOUR	CONDUCT	SIGNATURE OF COUNSELOR