## STATE OF FLORIDA DEPARTMENT OF CORRECTIONS

## INSPECTION OF SPECIAL HOUSING RECORD

Institution\_\_\_

Housing Area

DATE	TIPAS		DEMA DVC	DATE	TIP 45		DEM 4 21/2
DATE	TIME	INITIALS	REMARKS	DATE	TIME	INITIALS	REMARKS
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## **INSTRUCTIONS:**

One copy only of this form is to be maintained in each special housing in the institution. Correctional Officers in charge, medical staff representatives, and Disciplinary Committee members are to initial this form each time they make required visits to inmates in special housing. These initials indicate that all inmates located in the housing area have been checked. A minimum number of visits is required by directive. However, if visits are made more frequently, an entry should be made on this form at the time of each visit.

Under "remarks" note the name and number of any inmate who requires special handling and give a brief explanation, using as much space is required. The supervising officer on duty, medical staff, or Disciplinary Committee members should enter subsequent information concerning this inmate on the "Daily Record of Segregation" Form DC6-229 for that inmate.

When this form is completely filled, it should be maintained as a permanent record of the institution.