TRANSPORT BAG INVENTORY

Name: _______________________________  DOC number: __________________

Sending facility: _____________________  Receiving facility: __________________

Inventory will be sealed inside a transport bag and clearly labeled with the individual’s name and DOC number. The following authorized personal property items that are checked have been included:

- [ ] Personal address book no larger than 3” x 5”
- [ ] No more than five pre-franked envelopes
- [ ] Hygiene items in one see-through container each of:
  - [ ] Shampoo
  - [ ] Toothpaste
  - [ ] Deodorant
  - [ ] Soap
- [ ] Toothbrush
- [ ] Comb
- [ ] Razor, single blade only
- [ ] Shower shoes
- [ ] Issued glucometer and supplies
- [ ] Over-the-Counter (OTC) items and Keep on Person (KOP) prescription medications

**Only transport bags from the Reception Diagnostic Center may include:**

- [ ] Unframed personal/family photographs
- [ ] Personal mail/papers
- [ ] Journals/diaries/writing pads
- [ ] Pencils/pens

I confirm that the items checked above are included in the transport bag going with me to the receiving facility.

________________________________________  __________________________
Incarcerated individual’s signature  Date

________________________________________  __________________________
Employee  Signature  Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.

Distribution: ORIGINAL - Receiving facility