Department of Corrections
WASHINGTON STATE

DAILY SEGREGATION REPORT

Initial placement: ☐ Disciplinary segregation ☐ MAX custody ☐ Administrative segregation ☐ Pre-hearing

Placement authorized by: _____ Title: _____

Facility: _____ Placement Date: _____ Placement time: _____

Type of segregation after review by appropriate committee/Hearing Officer:

☐ Administrative ☐ Protective custody ☐ Disciplinary Date of action: _____

Name: _____ DOC number: _____ Custody: _____

Purpose: _____

Special instructions, if any (e.g., diet, medical): _____

Date released: _____ Released to: _____ Transferred to: _____

Date	Shower		Exercise		Shift supvsr	Remarks (e.g., security, observations, conduct, physical condition, cell assignment)	Officer signature	Health services signature	Time
	Time	Ref	Time	Ref	Time				

_____ _____ _____

Reviewed by officer in charge 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.

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