Department of Corrections
WASHINGTON STATE

DAILY SEGREGATION REPORT (CONTINUED)

Facility: _____ Page __ of __

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.

Distribution: **ORIGINAL** - Imaging System