DRY CELL SEARCH/WATCH AUTHORIZATION

Name: _____ DOC number: _____

Living unit: _____ Date of placement: _____ Time of placement: _____

PLACEMENT DETERMINATION

Reason(s) for placement: _____

_____

_____

_____

_____

Reasonable suspicion for placement: _____

_____

_____

_____

_____

☐ Placement approved ☐ Placement denied

_____ _____

Superintendent/designee Date

RELEASE AUTHORIZATION

I authorize the release of the above-named individual from dry cell search/watch.

_____ _____

Superintendent/designee Date and time

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 file **COPY** - Superintendent/designee, Captain, Incarcerated individual