

Individual Inmate Transit Detention Log

Name: _____ DOC#: _____ Custody Status/Date: _____

Date/Time Received: _____ Authorizing Official: _____ Change/Date: _____

Date/Time Released: _____ Authorizing Official: _____ Change/Date: _____

Cell #: _____ Mattress and Pillow Sanitized/Issued: _____

Include Appropriate Information and Abbreviation in Each Box
I-Issued A-Approved E-Exchanged R-Refused X-Received Ret – Returned NR-Not Requested

Activity	Saturday Date:			Sunday Date:			Monday Date:			Tuesday Date:			Wednesday Date:			Thursday Date:			Friday Date:		
Medical Services Visit (Other than Pill Call)																					
Mental Health Services Visit																					
Prescribed Medication																					
Meals Served	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D
Exercise (1hr, 5 Days)																					
Shave/Shower (3 Per Wk.)																					
Hygiene/ Indigent Items																					
Telephone Privileges																					
Clothing Exchange																					
Laundry Exchange (Sheet, Blanket, Pillows)																					
Mail Sent/Received																					
Leisure Library / Reading Materials																					
Barbering/Hair Care Services																					
Educational Services																					
Recreational Services																					
Law Library Services / Visit																					
Legal Visit / Calls																					
Religious Guidance Visit (Counseling)																					
Staff Visit																					
Visits																					
Shift Supervisor/Ofc. in charge of unit (once daily visit with inmate)																					

Cell inspections and shakedowns will be recorded as defined in local procedure.