OKLAHOMA DEPARTMENT OF CORRECTIONS
Suicide Watch Conditions/Precautions

1. Suicide Watch:
   - Initiate suicide watch
   - Maintain suicide watch
   - Change suicide watch
   - Discharge from suicide watch

   Housing Recommendations:
   - Return to general population
   - Transfer to general population  Unit: __________________
   - Continue SHU placement per security recommendations Comment: __________________________
   - __________________________

2. Reason for Suicide Watch:
   - Inmate behavior likely to cause self-harm
   - Inmate made suicidal gesture / threat
   - Suicide attempt was made
   - Engaging in self harm
   - Risk management interview indicates a need
   - Less restrictive measures failed

3. Level of Supervision:
   - Suicide Watch: Level I - Continuous Watch  - Inmate placed in Safe Cell - Continuous, one-to-one visual, line-of-sight monitoring with observations of behavior logged a minimum of once every 15 minutes (stagger) on "Suicide Watch Log."
   - Suicide Watch: Level II - Close Watch - One-to-one, visual monitoring on staggered intervals with observations of behaviors logged every 15 minutes (stagger) on "Suicide Watch Log."
   - Suicide Watch: Level III - Routine Watch - One-to-one, visual monitoring on staggered intervals with observations of behavior logged a minimum of once every 30 minutes (stagger) on "Suicide Watch Log."
   - Routine Supervision - Routine level of supervision per security and/or classification.

4. Level of Supervision Housing Recommendation:
   - Safe cell
   - Medical observation cell in SHU
   - Regular cell in SHU
   - MHU safe cell
   - General population

5. Comments:

QMHP Signature: __________________________  Date: ___________________

Inmate Name: __________________________  DOC#: ___________________

<table>
<thead>
<tr>
<th>Clothing:</th>
<th>Bedding:</th>
<th>Hygiene:</th>
<th>Dining:</th>
<th>Privileges:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety smock (none of the following items may be checked if “Safety Smock Only” is checked)</td>
<td>Safety blanket (none of the following items may be checked if “Safety Blanket Only” is checked with the exception of mattress)</td>
<td>Shower</td>
<td>Sack lunch</td>
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<tr>
<td>Safety smock</td>
<td>Safety blanket</td>
<td>Toothbrush</td>
<td>Regular tray</td>
<td></td>
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<tr>
<td>Jumpsuit</td>
<td>Mattress</td>
<td>Toothpaste tube</td>
<td>Paper spoon</td>
<td></td>
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<tr>
<td>T-shirt</td>
<td>Blanket</td>
<td>Toothpaste on cloth at cell door</td>
<td></td>
<td></td>
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<tr>
<td>Jeans (no belt)</td>
<td>Pillow</td>
<td>Deodorant</td>
<td></td>
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<tr>
<td>Shorts</td>
<td>Pillowcase</td>
<td>Bar soap</td>
<td></td>
<td></td>
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<tr>
<td>Socks</td>
<td>Sheets</td>
<td>Liquid soap on cloth at cell door</td>
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<td></td>
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<tr>
<td>Shoes (no laces)</td>
<td></td>
<td>Comb</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shower shoes</td>
<td></td>
<td>Toilet paper</td>
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<tr>
<td>Glasses</td>
<td></td>
<td>Washcloth</td>
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<td></td>
<td></td>
<td>Towel</td>
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Inmate Name: __________________________  DOC#: ___________________

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