

Florida Department of Corrections
Special Management Spit Shield Status Request

Inmate: _____ DC # _____ Housing Location: _____

I. Statement of unacceptable behavior: (Include facts and circumstances relating to unacceptable behavior)

Date: _____ Time: _____ am/pm Reported By: _____

II. Discussion: (Provide findings including observations, actions taken, and inmate's comments)

Date: _____ Time: _____ am/pm Shift Supervisor: _____

III. Medical Approval: (Does the inmate suffer from any respiratory ailments that would preclude the use of the special management spit shield?) Yes No

If yes, explain _____

Date: _____ Time: _____ am/pm CHO or designee: _____

IV. Chief of Security: _____ approved disapproved
Signature Date

V. Action: _____ approved disapproved
Warden's Signature Date