

**FLORIDA DEPARTMENT OF CORRECTIONS
OBSERVATION CHECKLIST
(For Inpatient or Outpatient)**

SECTION ONE (To be completed by Medical/Mental Health staff)

Date: _____ Institution: _____

Observation status: SHOS(Self Harm Observation Status) Other _____

Time/date placed on observation/seclusion: _____ by _____

Frequency of observation: Continuous 15 minutes

On medications? _____ Yes _____ No

Items Allowed/Issued (check yes or no for each item):

Yes No

_____ Tear-resistant mattress?

Yes No

_____ Privacy wrap?

_____ Undergarments?

_____ Canvas or other tear resistant smock/gown?

_____ Canvas or other tear resistant blanket?

Time/date discontinued from observation/seclusion _____ by _____

SECTION TWO (To be completed by security or nursing staff)

TIME, CODE(S), AND INITIALS ARE REQUIRED ON THE BELOW TIME LINES PER PRECAUTION LEVEL

Security staff shall immediately notify health care staff if behaviors in codes 1*, 2*, and/or 3* are observed.

CODE EXPLANATION	TIME	CODE(S)/INITIALS	TIME	CODE(S)/INITIALS	TIME	CODE(S)/INITIALS
1. Beating on door/wall*	2400	____/____	0800	____/____	1600	____/____
2. Yelling or screaming*	0015	____/____	0815	____/____	1615	____/____
3. Crying*	0030	____/____	0830	____/____	1630	____/____
4. Cursing	0045	____/____	0845	____/____	1645	____/____
5. Laughing	0100	____/____	0900	____/____	1700	____/____
6. Singing	0115	____/____	0915	____/____	1715	____/____
7. Mumbling incoherently	0130	____/____	0930	____/____	1730	____/____
8. Mute	0145	____/____	0945	____/____	1745	____/____
9. Talking to staff	0200	____/____	1000	____/____	1800	____/____
10. Talking to peers	0215	____/____	1015	____/____	1815	____/____
11. Talking to self/wall	0230	____/____	1030	____/____	1830	____/____
12. Standing still	0245	____/____	1045	____/____	1845	____/____
13. Walking	0300	____/____	1100	____/____	1900	____/____
14. Lying or sitting	0315	____/____	1115	____/____	1915	____/____
15. Quiet	0330	____/____	1130	____/____	1930	____/____
16. Sleeping	0345	____/____	1145	____/____	1945	____/____
17. Meals a) Taken b) Refused	0400	____/____	1200	____/____	2000	____/____
18. Fluids a) Taken b) Refused	0415	____/____	1215	____/____	2015	____/____
19. Bath/shower:	0430	____/____	1230	____/____	2030	____/____
a) Taken b) Refused	0445	____/____	1245	____/____	2045	____/____
20. Out of cell (indicate	0500	____/____	1300	____/____	2100	____/____
inmate's location in	0515	____/____	1315	____/____	2115	____/____
appropriate time slots)	0530	____/____	1330	____/____	2130	____/____
21. Toothbrush:	0545	____/____	1345	____/____	2145	____/____
a) Used b) Refused	0600	____/____	1400	____/____	2200	____/____
22. Cell/room searched	0615	____/____	1415	____/____	2215	____/____
23. Wrap/smock/gown/blanket/	0630	____/____	1430	____/____	2230	____/____
mattress checked (required	0645	____/____	1445	____/____	2245	____/____
each shift)	0700	____/____	1500	____/____	2300	____/____
24. _____	0715	____/____	1515	____/____	2315	____/____
25. _____	0730	____/____	1530	____/____	2330	____/____
26. _____	0745	____/____	1545	____/____	2345	____/____
Staff signature and stamp					Initials	

Note: Additional signatures, stamps, and corresponding initials are to be entered on back of form. Form to be placed in inmate's infirmary/medical record upon completion or upon discharge of inmate from observation status.

Inmate Name _____
DC# _____ Race/Sex _____
Date of Birth _____
Institution _____