

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
Cell Inspection

Inmate Name: _____ Number: _____ Correctional Institution _____

Cell Number:	Date Inmate Entered:		Date Inmate Exited:			Cell Number	Date Inmate Entered:		Date Inmate Exited:	
Item Inspected	Condition (Good, Sat., Poor)	Noted Discrepancies	Condition (Good, Sat., Poor)	Noted Discrepancies		Item Inspected	Condition (Good, Sat., Poor)	Noted Discrepancies	Condition (Good, Sat., Poor)	Noted Discrepancies
Walls						Walls				
Window						Window				
Pillow						Pillow				
Mattress						Mattress				
Bunk						Bunk				
Sink						Sink				
Ceiling						Ceiling				
Floor						Floor				
Toilet						Toilet				
Door						Door				
Locking Device						Locking Device				
Light						Light				
Inmate's Signature: _____			Inmate's Signature: _____			Inmate's Signature: _____			Inmate's Signature: _____	
Officer's Signature: _____			Officer's Signature: _____			Officer's Signature: _____			Officer's Signature: _____	

Cell Number:	Date Inmate Entered:		Date Inmate Exited:			Cell Number	Date Inmate Entered:		Date Inmate Exited:	
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Inmate's Signature: _____			Inmate's Signature: _____			Inmate's Signature: _____			Inmate's Signature: _____	
Officer's Signature: _____			Officer's Signature: _____			Officer's Signature: _____			Officer's Signature: _____	

This form will be completed when an inmate is initially placed in a confinement/close management cell and each time a cell change takes place. This form will be maintained with the DC6-229 form for confinement/CM inmates. For open population inmates housed in a secure housing unit, this form will be completed when an inmate is initially placed in the cell and each time a cell change takes place.