

Section II. Shift Information Sheet								
Date:			Shift Supervisor:					
Overall Count:	Count:	Count:	SHU	Unit	Unit	Unit	Unit	Unit
			Unit	Medical				
Shift Briefing Notes:								
Passed on from Last Shift:								
Passed on to Next Shift:								
Summary of Incidents:								
Security Equipment Status: Include date warden was notified, who made notification, date work order was submitted and completed								
Surveillance Cameras Status: Include date warden was notified, who made notification, date work order was submitted and completed								
Wireless Containment Solution Status: Include date warden was notified, who made notification, date work order was submitted and completed								
Fire Panel Status: Include date warden was notified, who made notification, date work order was submitted and completed								
Out Count/Reason: (Name/ODOC#/Location)								
DUTY OFFICERS				Next Shift Call-Ins (Name/Reason)				
	Name	Contact #	Name	Reason				
Facility:								
Mental Health:								
Medical:								
Maintenance:								

SIGNATURES

Shift Supervisor: _____ Date/Time: _____

Chief of Security: _____ Date/Time: _____

Deputy Warden: _____ Date/Time: _____

Facility head: _____ Date/Time: _____