

Individual Inmate Transit Detention Log

Name: _____ ODOC#: _____ Custody Status/Date: _____

Date/Time Received: _____ Authorizing Official: _____ Change/Date: _____

Date/Time Released: _____ Authorizing Official: _____ Change/Date: _____

Cell #: _____ Mattress and Pillow Sanitized/Issued: _____

Include Appropriate Information and Abbreviation in Each Box

I – Issued A – Approved E – Exchanged R – Refused X – Received Ret – Returned NR – Not Requested

Activity	Saturday			Sunday			Monday			Tuesday			Wednesday			Thursday			Friday					
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:				
Medical Services Visit (Other than Pill Call)																								
Mental Health Services Visit																								
Prescribed Medication																								
Meals Served	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D
Exercise (1hr, 5 Days)																								
Shave/Shower (3 Per Wk.)																								
Hygiene/Indigent Items																								
Telephone Privileges																								
Clothing Exchange																								
Laundry Exchange (Sheet, Blanket, Pillows)																								
Mail Sent/Received																								
Leisure Library/Reading Materials																								
Barbering/Hair Care Services																								
Educational Services																								
Recreational Services																								
Law Library Services/Visit																								
Legal Visit/Calls																								
Religious Guidance Visit (Counseling)																								
Staff Visit																								
Visits																								
Shift Supervisor/Officer in charge of unit (once daily visit with inmate)																								

Cell inspections and shakedowns will be recorded as defined in local procedure.