Shift Supervisor's Daily Report

Section	I. Daily Post As	ssignment Roster						
Shift			Date					
	ent during shift b			correct. Officers will sign in will be noted and initialed				
(Post ar	nd Type of Post)	(Staff Assigned)						
		-						
		-						
		-						
S/A/T			—— Total number	of officers present for shift:				
S/A/T			Total number of officers absent for shift:					
S/A/T		-		of officers assigned to shift:				
	dospital, etc.)			Officers called in on day off and reason:				
Assignm		Officer:		an on day on and roadon.				
7 toolgilli	ioni.	omoor.						
								
Day Off			Approved Lea	(Tupo)				
Day Off			Approved Lea					
Training			Sigk/Enforced	Sick/Enforced				
Training			Sick/Enlorced					
Dell M				-1 N				
	I	d of Changes (Use a seco	1	1				
Post	Officer Assigned	Reason for Absence	Relieving Officer	Relieving Officer Assign.	Comments			

Section II. Shif	t informat	ion Sheet								
Date:			Shift	Shift Supervisor:						
Overall	Count:	Count:	SHU	Unit	Unit	Unit	Unit	Unit		
Count:			33	J	J		J	J		
			Unit	Medical						
			Unit	wedical						
Shift Briefing Notes:										
Simil briefing Notes:										
Passed on from Last Shift:										
Passed on to Next Shift:										
Summany of Incidents										
Summary of Incidents:										
Security Equipment Status:										
Include date warden was notified, who										
made notification, date work order was										
submitted and completed			1							
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-Ine			
DOTT OFFICERS				(Name/Reason)						
	Name		Contact #	# Nan	ne	Reason	•			
Facility:					-	1.00.00				
Mental Health:										
Medical:										
Maintenance:			_					_		
			S	IGNATUR	ES					
Shift Supervisor:					Date/Time:					
Chief of Security:				[Date/Time:					
										
Deputy Warden:				[Date/Time:					
·										
Facility head:				[Date/Time:					