### 1. Suicide Watch:
- Initiate suicide watch
- Maintain suicide watch
- Change suicide watch
- Discharge from suicide watch

#### Housing Recommendations:
- Return to general population
- Transfer to general population unit: __________________
- Continue SHU placement per security recommendations Comment: __________________________

### 2. Reason for Suicide Watch:
- Inmate behavior likely to cause self-harm
- Inmate made suicidal gesture/threat
- Suicide attempt was made
- Engaging in self harm
- Risk management interview indicates a need
- Less restrictive measures failed

### 3. Level of Supervision:
- Suicide Watch: Level I - Continuous Watch - *Inmate placed in Safe Cell* - Continuous, one-to-one visual, line-of-sight monitoring with observations of behavior logged a minimum of once every 15 minutes (stagger) on "Suicide Watch Log."
- Suicide Watch: Level II - Close Watch - One-to-one, visual monitoring on staggered intervals with observations of behaviors logged every 15 minutes (stagger) on "Suicide Watch Log."
- Suicide Watch: Level III - Routine Watch - One-to-one, visual monitoring on staggered intervals with observations of behavior logged a minimum of once every 30 minutes (stagger) on "Suicide Watch Log."
- Routine Supervision - Routine level of supervision per security and/or classification.

### 4. Level of Supervision Housing Recommendation:
- Safe cell
- Medical observation cell in SHU
- Regular cell in SHU
- MHU safe cell
- General population

<table>
<thead>
<tr>
<th>Clothing:</th>
<th>Bedding:</th>
<th>Hygiene:</th>
<th>Dining:</th>
<th>Privileges:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety smock (none of the following items may be checked if “Safety Smock Only” is checked)</td>
<td>Safety blanket (none of the following items may be checked if “Safety Blanket Only” is checked with the exception of mattress)</td>
<td>Shower</td>
<td>Sack lunch</td>
<td>Exercise</td>
</tr>
<tr>
<td>Safety smock</td>
<td>Safety blanket</td>
<td>Toothbrush</td>
<td>Regular tray</td>
<td>Reading material</td>
</tr>
<tr>
<td>Jumpsuit</td>
<td>Mattress</td>
<td>Toothpaste tube</td>
<td>Paper spoon</td>
<td>Writing material</td>
</tr>
<tr>
<td>T-shirt</td>
<td>Blanket</td>
<td>Toothpaste on cloth at cell door</td>
<td></td>
<td>Canteen</td>
</tr>
<tr>
<td>Jeans (no belt)</td>
<td>Pillow</td>
<td>Deodorant</td>
<td></td>
<td>Stamps</td>
</tr>
<tr>
<td>Shorts</td>
<td>Pillowcase</td>
<td>Bar soap</td>
<td></td>
<td>Mail</td>
</tr>
<tr>
<td>Socks</td>
<td>Sheets</td>
<td>Liquid soap on cloth at cell door</td>
<td></td>
<td>Other:</td>
</tr>
<tr>
<td>Shoes (no laces)</td>
<td></td>
<td>Comb</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shower shoes</td>
<td></td>
<td>Toilet paper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glasses</td>
<td></td>
<td>Washcloth</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 5. Comments:
__________________________________________________________________________

QMHP Signature: __________________________ Date: __________________

Inmate Name: __________________________ ODOC#: __________________________