

State of Vermont Department of Corrections

Special Observation Form



Inmate name: _____ DOB: _____ Date: _____ Facility: _____

Cell number: _____ Begin date & time: _____ Discontinue date & time: _____

<p style="text-align: center;">Type of check (select one)</p> <p><input type="checkbox"/> Routine Observation - Physical observation at least every 30 minutes at staggered intervals</p> <p><input type="checkbox"/> Close Observation - Physical observation at least every 15 minutes at staggered intervals</p> <p><input type="checkbox"/> Constant Observation - Continuous uninterrupted observation</p>	<p style="text-align: center;">This observation was initiated by:</p> <hr/>
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Reason for observation and/or special accommodations: _____

Time	Comments/Observation	Officer/Staff	Time	Comments/Observation	Officer/Staff

Supervisor signature: _____ Date: _____ Time: _____