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|--|------------------|---|-------------------|---------------------------|----------|
| Shift | | Date | | | |
| The shift supervisor signature indicates all information on this form is correct. Officers will sign in for the post assignment during shift briefing. Any changes in post assignment will be noted and initialed by the shift supervisor. | | | | | |
| (Post and Type of Post) | (Staff Assigned) | | | | |
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| S/A/T | | Total number of officers present for shift: | | | |
| S/A/T | | Total number of officers absent for shift: | | | |
| S/A/T | | Total number of officers assigned to shift: | | | |
| Other (Hospital, etc.) | | Officers called in on day off & reason: | | | |
| Assignment: | Officer: | | | | |
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| Day Off | | Approved Leave (Type) | | | |
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| | | | | | |
| Training | | Sick/Enforced | | | |
| | | | | | |
| Daily Master Roster Record of Changes (Use a second form if additional space is needed) | | | | | |
| Post | Officer Assigned | Reason for Absence | Relieving Officer | Relieving Officer Assign. | Comments |
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| 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 | | | | | | | | |
| Fire Panel Status: Include date warden was notified, who made notification, date work order was submitted and completed | | | | | | | | |
| Out Count/Reason: (Name/DOC#/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: _____

Warden: _____ Date/Time: _____