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MILWAUKEE COUNTY SHERIFF'S DEPARTMENT DETENTION BUREAU BEHAVIORAL REPORT FORM (15 MIN. WATCH)
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(CIRCLE ONE) SUICIDE: WATCH - RESTRAINT FORM
DATE: $\qquad$
LAST NAME: $\qquad$ FIRST NAME: $\qquad$
SEX/RACE: $\qquad$ DOB: $\qquad$
INMATE LOCATION: $\qquad$ CELL NUMBER: $\qquad$

REASON 15 MINUTE WATCH INITIATED:
IMMINENT THREAT OF PHYSICAL INJURY TO HIM/HERSELF. EXPLAIN:
$\square$ IMMINENT THREAT OF PHYSICAL INJURY TO OTHERS. EXPLAIN:

Signature of Sgt. implementing 15 minute watch: $\qquad$
Signature of deputy submitting incident report: $\qquad$
Medical Section notitied by: $\qquad$ Time: $\qquad$
Nurses signature upon review: $\qquad$ Time: $\qquad$
TERMINATION OF 15 MINUTE WATCH
DATE: $\qquad$ TIME: $\qquad$
TERMINATED BY: (Signature): $\qquad$
Reason for cancellation: $\qquad$
$\qquad$

## ALL INMATES UNDER SPECIAL SUPERVISION WILL BE MONITORED EVERY FIFTEEN (15) MINUTES!!

ALL DEPUTIES CONDUCTING ROUNDS WELL COMPLETE THE ATTACHED DOCUMENT BY PLACING YOUR NAME AND BADGE NUMBER IN THE APPROPRIATE TIME SLOT.

NO 15 MINUTE WATCH WILL BE IMPLEMENYED WITHOUT AN INCIDENT REPORT BEING SUBMITTED, A COPY OF THE REPORT WILL BE ATTACHED TO THIS FORM.

NOTE: Any significant behavioral problems and/or changes should be documented and the Duty Sgt. and medical section notified. Document this notification on the back on the shift's 15 minute sheet.

THIS FORM SUPERCEDES ALL PREVIOUS BEHAVIORAL REPORT FORMS

# DETENTION SERVICES BUREAU 

15 MINUTE WATCH
OBSERVATION LOG
SUICIDE WATCH
INMATE NAME: $\qquad$ D.O.B.

HOUSING LOCATION [S.N., BK, 4D, OTHER]
DATE

| $3{ }^{\text {rd }}$ Shift Lt. |  |  |  | $1{ }^{\text {st }}$ Shift Lt. |  |  |  | $2^{\text {nd }}$ Shift Lt. |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| TIME | OFFICER <br> BADGE | CODE | $\frac{\text { INMATE }}{\text { LOCALE }}$ | TIME |  | CODE | $\begin{aligned} & \text { INMATE } \\ & \text { LOCALE } \end{aligned}$ | TIME | OFFICER <br> $\underline{\underline{\&}}$ | CODE | INMATE |
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