

<b>PRISONER OBSERVATION REPORT</b>				<b>REPORT DATE (YYYYMMDD)</b>	
<b>PRIVACY ADVISORY</b>					
<small>Disclosure of this information is voluntary and will be used to report favorable, unfavorable, injuries, or behaviors of prisoners. For additional information, see System of Records Notice, A0190-47 DAPM-ACC, "Army Corrections System and Parole Board Records," NM01650-1, "Individual Confinement Records," and F031 AF SF A, "Correction and Rehabilitation Records" published at <a href="https://dpcld.defense.gov/Privacy/SORNS/">https://dpcld.defense.gov/Privacy/SORNS/</a>. When completed, this form contains personally identifiable information and is protected by the Privacy Act of 1974, as amended.</small>					
<b>1. NAME (Last, First, Middle)</b>				<b>2. REGISTRATION NUMBER</b>	
<b>3. CUSTODY LEVEL</b>	<b>4. HOUSING UNIT/DORM</b>	<b>5. CELL BLOCK</b>	<b>6. DETAIL</b>	<b>7. CELL #/BUNK #</b>	
<b>8. OBSERVATION</b>					
<b>a. TYPE OF OBSERVATION:</b> <input type="checkbox"/> FAVORABLE <input type="checkbox"/> UNFAVORABLE <input type="checkbox"/> INJURY <input type="checkbox"/> BEHAVIOR <input type="checkbox"/> INFORMATION					
<b>b. DATE (YYYYMMDD)</b>	<b>c. TIME</b>	<b>d. LOCATION</b>	<b>e. WAS THE PRISONER NOTIFIED ABOUT THIS REPORT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>9. OBSERVATION REPORTED BY</b>					
<b>a. NAME (Last, First, Middle)</b>		<b>b. GRADE</b>	<b>c. TITLE</b>		<b>d. DATE (YYYYMMDD)</b>
<b>10. WITNESS</b>					
<b>a. NAME (Last, First, Middle)</b>		<b>b. GRADE</b>	<b>c. TITLE</b>		<b>d. DATE (YYYYMMDD)</b>
<b>11. OBSERVATION SUMMARY (Give an in-depth description of the observation; include all necessary information, provide attachment if necessary):</b>					
<b>12. SIGNATURE OF REPORTING PERSON</b>					<b>b. DATE (YYYYMMDD)</b>
<b>13. WAS IMMEDIATE MEDICAL ATTENTION NEEDED?</b>				<b>b. DATE (YYYYMMDD)</b>	<b>c. TIME</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>d. DESCRIBE ANY IMMEDIATE MEDICAL ATTENTION GIVEN:</b>					
<b>14. OBSERVATION REPORTED TO</b>					
<b>a. SUPERVISOR NAME (Last, First, Middle Initial)</b>			<b>b. DATE (YYYYMMDD)</b>	<b>c. TIME</b>	
<b>15. ACTIONS OF CORRECTIONS SUPERVISOR:</b>					
<b>16. ACTIONS OF REVIEWING AUTHORITY:</b>					
<b>17. CORRECTIONAL FACILITY/BRIG COMMANDER OR DESIGNEE REVIEW</b>					
<b>a. NAME, GRADE, TITLE</b>			<b>b. SIGNATURE</b>		<b>c. DATE (YYYYMMDD)</b>