

# POST SUICIDE WATCH REPORT

Name of Inmate	Register Number	Race
Interviewer	Date	

### SUICIDE WATCH INFORMATION

Watch Began                      Date \_\_\_\_\_                      Time \_\_\_\_\_

Watch Ended                      Date \_\_\_\_\_                      Time \_\_\_\_\_

Total Time on Watch              Hours \_\_\_\_\_                      Companion \_\_\_\_\_

Watch Conducted By              Staff \_\_\_\_\_

Suicidal Inmate Referred to Medical Center    Yes                       No

### REASON FOR WATCH

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### REASON FOR WATCH DISCONTINUATION

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### FOLLOW-UP RECOMMENDATIONS

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