

Rockwall County Detention Center



ML Hall Officer Changeover Checklist

Date: _____ **Shift:** _____ **Officer:** _____

ITEMS	CONDITION	OFC. INITIALS/BADGE #	RELIEVING OFC. INITIALS/BADGE #
[REDACTED]			
SHEARS			

MEDICAL/SUICIDE WATCHES

INMATE'S NAME	CELL	30/15/CONSTANT	OFC. INITIALS BADGE #	RELIEVING OFC. INITIALS BADGE #

PASS ON LOG

START	END	INFORMATION

