

Rockwall County Detention Center



West Hall Room Officer Changeover Checklist

Date: _____ Shift: _____ Officer: _____

ITEMS	CONDITION	OFC. INITIALS/BADGE #	RELIEVING OFC. INITIALS/BADGE #
SHEARS			

MEDICAL/SUICIDE WATCHES

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

Pass On Information
