# *Erie County Jail*
# *Inmate Observation Log*

***Date:*** _____

***Name of Person Being Observed:***_____

***Authority Recommending Observation:*** _____

***Reason for Observation:***_____

**An officer of the Erie County Sheriff's Office – Jail Division shall observe the above-mentioned inmate every _10_ minutes. Time of observation, signature of the officer, and the inmate's condition shall be recorded below.**

***Observations***

| *Time* | *Signature of Officer* | *Inmate's Condition* |
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**If the inmate requires to be restrained longer than 2 hours due to being a threat to themselves or others, the Shift Supervisor must document the reasons in a Jail Incident Report. If possible inmate should be checked by Medical Staff.**