OKLAHOMA DEPARTMENT OF CORRECTIONS
SUICIDE WATCH LOG

Offender Name: _____ **DOC Number:** _____ **Location:** _____

_____
Observer Name (Last, First) Initials

_____
Observer Name (Last, First) Initials

_____
Observer Name (Last, First) Initials

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Observer Name (Last, First) Initials

OBSERVATION CODES

1. AWAKE	4. QUIET	7. PACING	10. ANGRY
2. Eyes Closed	5. CRYING	8. DELIBERATE SELF-HARM	11. HAPPY
3. TALKATIVE	6. AGITATED	9. SAD	12. ANXIOUS/NERVOUS

***Entries for "time" shall be as directed and irregular as to not develop a pattern:**

DATE	*TIME	INITIALS	CODE(s)	COMMENTS