



Bureau of Corrections

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HOSPITAL INSPECTORATE FORM

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HOSPITAL INSPECTORATE

DATE

| | | | | |
|---|---|-------------|------------------|-------------|
| HOSPITAL | : | | | |
| PDL NAME | : | | | |
| PRISON NUMBER | : | | | |
| ROOM NUMBER | : | | | |
| CASE | : | | | |
| SHIFT | | NAME | SIGNATURE | DATE |
| | | | | |
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| | | | | |
| OBSERVATION | | | YES | NO |
| With DOJ Approval | | | | |
| Emergency Referral | | | | |
| Escort/s on post | | | | |
| Inside the Hospital | | | | |
| Inside the Room | | | | |
| Inmate Awake | | | | |
| Inmate Ambulant | | | | |
| Under Medical Procedure | | | | |
| With Visitor/s during inspection | | | | |
| No Untoward Incident | | | | |
| Remarks | | | | |
| <p>THIS IS TO CERTIFY that the Escort Inspectorate conducted inspection to this Hospital.</p> <p>_____</p> <p>Hospital Nurse</p> | | | | |