Minnesota Department of Corrections
Restrictive Housing Unit Room Inspection Form

	Yes	No	Comments
1. Air vents are open, and no objects are present.			
2. Electric light and electric outlet are in working order.			
3. Sink properly secured to wall, drains and faucet in working order.			
4. Toilet in working order.			
5. Walls, door and window are free of marks, writing and scratches.			
6. Mattress is free of tears and in good condition.			
7. Window security screen in place and secured.			
8. Duress/intercom in working order.			
9. Door lock and food/book pass door in working order.			
10. Cell is free of contraband.			
11. Comments			

Incarcerated Person _____ OID # _____ Room # ___

Staff Signature _____ Date _____

Staff Printed Name _____ Date _____