

**IDAHO DEPARTMENT OF CORRECTION
Companion Watch Sheet**

Team #: _____ Shift #: _____ Location: _____

Patient IDOC #: _____ Date: _____ Watch #: _____

Companion Name, IDOC#: _____

Hours Worked: _____

Companion Name, IDOC #: _____

Hours Worked: _____

| Time | Acting Out | Sitting | Lying | Pacing | Gazing | Talking | Emotional | Sleeping | Notes/Comments (including staff checks) | Initials | Staff Checks |
|------|------------|---------|-------|--------|--------|---------|-----------|----------|---|----------|--------------|
| :00 | | | | | | | | | | | |
| :05 | | | | | | | | | | | |
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| :45 | | | | | | | | | | | |
| :50 | | | | | | | | | | | |
| :55 | | | | | | | | | | | |
| :00 | | | | | | | | | | | |
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