

NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY

BEHAVIORAL HEALTH SERVICES

SUICIDE WATCH PEER OBSERVATION LOG

Observer Name and Off. #: _____ Initials: _____ Start Time: _____ Start Date: _____
 Observer Name and Off. #: _____ Initials: _____ Start Time: _____ Start Date: _____

Time	Activity (check)			Comments	Observer Initials
	Awake	Resting	Asleep		

This form is not to be amended, revised or altered without approval of the Behavioral Health Documentation Committee.

Scan Type: "Mental Health – Observation Logs"
 Attach to: N/A

Offender Name: _____

Offender Number: _____

Facility: _____