CONNECTICUT VALLEY HOSPITAL
ROUTINE OBSERVATION FORM

Unit: Date: ____________

**KEY:**

- **A** appears Awake
- **CY** Courtyard
- **I** Inside appointment
- **MDAC** Medical Discharge Acute Care
- **S** appears Sleeping
- **VR** Visiting Room
- **O** Outside appointment
- **AW** AWOL
- **G** Gym
- **W** Work
- **P** Pass
- **LOA** Leave of Absence
- **IR** Isolation Room
- **R** Recreation area
- **TV** Temporary Visit
- **V** Viewed on unit
- **AC** Activity
- **TL** Temporary Leave (PSRB Only)

**CENSUS:**

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**WEDNESDAY:**

- **TEST ALARM SYSTEM**

- **ALARM STRIPS:**
  - CHECK FOR TAMPERING

- **KEYPAD:**
  - READS "SYSTEM ACTIVE"

- Environmental scan for any new safety risks

- Cross Shift

- Staff Initials

**Staff Initials and Signature:**

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*Please notify Nursing Supervisor of any environmental safety concerns.*