FASTING INMATE LOG

NAME_____

P.F.N._____

HOUSING UNIT_____

DATE & TIME
MEDICAL STAFF WAS NOTIFIED_____

NAME OF MEDICAL
STAFF PERSONNEL NOTIFIED_____

DATE FAST STARTED_____

DATE FAST ENDED_____

REASON
FOR
FAST_____

_____

_____

MEAL TIME OBSERVATIONS

DATE	**MEAL (BREAK-FAST, LUNCH, DINNER)**	**FOOD CONSUMED**	**MEAL (BREAK-FAST, LUNCH, DINNER)**	**LIQUID CONSUMED**
DATE	**MEAL**	**FOOD**	**MEAL**	**LIQUID**

	(BREAK-FAST, LUNCH, DINNER)	CONSUMED	(BREAK-FAST, LUNCH, DINNER)	CONSUMED
