

**ARIZONA DEPARTMENT OF CORRECTIONS**

**INMATE WAIT TIME REPORT**

**CONTRACTOR NAME:** \_\_\_\_\_

**Arizona State Prison Complex Name:** \_\_\_\_\_ **Month and Year:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**MEDICAL SERVICES**

**Unit:** \_\_\_\_\_

	<b>Days</b>	<b>1 - 30</b>	<b>31 - 60</b>	<b>61 - 90</b>	<b>90+</b>
Number of Inmates on list for Routine Care					
Date of oldest HNR					

**Unit:** \_\_\_\_\_

	<b>Days</b>	<b>1 - 30</b>	<b>31 - 60</b>	<b>61 - 90</b>	<b>90+</b>
Number of Inmates on list for Routine Care					
Date of oldest HNR					

**Unit:** \_\_\_\_\_

	<b>Days</b>	<b>1 - 30</b>	<b>31 - 60</b>	<b>61 - 90</b>	<b>90+</b>
Number of Inmates on list for Routine Care					
Date of oldest HNR					

**Unit:** \_\_\_\_\_

	<b>Days</b>	<b>1 - 30</b>	<b>31 - 60</b>	<b>61 - 90</b>	<b>90+</b>
Number of Inmates on list for Routine Care					
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**Unit:** \_\_\_\_\_

	<b>Days</b>	<b>1 - 30</b>	<b>31 - 60</b>	<b>61 - 90</b>	<b>90+</b>
Number of Inmates on list for Routine Care					

**ARIZONA DEPARTMENT OF CORRECTIONS**

**INMATE WAIT TIME REPORT**

**CONTRACTOR NAME:** \_\_\_\_\_

Date of oldest HNR

**NURSING SERVICES**

**Unit:** \_\_\_\_\_

<b>Days</b>	<b>1 - 30</b>	<b>31 - 60</b>	<b>61 - 90</b>	<b>90+</b>
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Number of Inmates  
on list for Routine  
Care

Date of oldest HNR

**Unit:** \_\_\_\_\_

<b>Days</b>	<b>1 - 30</b>	<b>31 - 60</b>	<b>61 - 90</b>	<b>90+</b>
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Number of Inmates  
on list for Routine  
Care

Date of oldest HNR

**Unit:** \_\_\_\_\_

<b>Days</b>	<b>1 - 30</b>	<b>31 - 60</b>	<b>61 - 90</b>	<b>90+</b>
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Number of Inmates  
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Care

Date of oldest HNR

**Unit:** \_\_\_\_\_

<b>Days</b>	<b>1 - 30</b>	<b>31 - 60</b>	<b>61 - 90</b>	<b>90+</b>
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Number of Inmates  
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Date of oldest HNR

**Unit:** \_\_\_\_\_

<b>Days</b>	<b>1 - 30</b>	<b>31 - 60</b>	<b>61 - 90</b>	<b>90+</b>
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Number of Inmates  
on list for Routine  
Care

Date of oldest HNR

**DENTAL SERVICES**

**ARIZONA DEPARTMENT OF CORRECTIONS**

**INMATE WAIT TIME REPORT**

**CONTRACTOR NAME:** \_\_\_\_\_

**Unit:** \_\_\_\_\_

Number of Inmates  
on list for Routine  
Care

Date of oldest HNR

**Unit:** \_\_\_\_\_

Number of Inmates  
on list for Routine  
Care

Date of oldest HNR

**Unit:** \_\_\_\_\_

Number of Inmates  
on list for Routine  
Care

Date of oldest HNR

**Unit:** \_\_\_\_\_

Number of Inmates  
on list for Routine  
Care

Date of oldest HNR

**Unit:** \_\_\_\_\_

Number of Inmates  
on list for Routine  
Care

Date of oldest HNR

**Days**

**1 - 30**

**31 - 60**

**61 - 90**

**90+**

**Days**

**1 - 30**

**31 - 60**

**61 - 90**

**90+**

**Days**

**1 - 30**

**31 - 60**

**61 - 90**

**90+**

**Days**

**1 - 30**

**31 - 60**

**61 - 90**

**90+**

**Days**

**1 - 30**

**31 - 60**

**61 - 90**

**90+**

**MENTAL HEALTH SERVICES**

**Unit:** \_\_\_\_\_

**Days**

**1 - 30**

**31 - 60**

**61 - 90**

**90+**

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**CONTRACTOR NAME:** \_\_\_\_\_

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Care  
Date of oldest HNR  
**Unit:** \_\_\_\_\_

<b>Days</b>	<b>1 - 30</b>	<b>31 - 60</b>	<b>61 - 90</b>	<b>90+</b>
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