

### WEEKLY SECURITY INSPECTION

<b>Date:</b>		<b>Name of Inspector:</b>		
<b>Area of Facility Inspected:</b>		<b>Report Submitted to:</b>		
Security Device Inspected	Satisfactory	Unsatisfactory	Work Order Submitted	Comment
Windows				
Doors				
Bars				
Screening				
Fences				
• Zones * / **				
• Perimeter * / **				
• Fabric * / **				
• Poles * / **				
• Ties * / **				
• Razor Wire * / **				
Locks and Keys				
Electronic Surveillance				
• CCTV * / **				
• Hand-held cameras * / **				
• Telephone * / **				
• Security x-ray * / **				
Communication Devices				
• Cell phones * / **				
• Intercoms * / **				
• Pagers * / **				
• Radios * / **				
• Sirens * / **				
• Telephones * / **				
Lighting (perimeter lighting must be checked at night with the time of the inspection indicated on this form).				
• Emergency Lights				
• High Mast Lights				
• Perimeter Lights				
• Spot Lights				

Security Device Inspected	Satisfactory	Unsatisfactory	Work Order Submitted	Comment
Key Watcher * / **				
Fire panels and alarms * / **				
Operational and equipment check				
• Perimeter Vehicles				
• Perimeter Weapons				
• 360 Program * / **				
• Employee Electronic Bulletin Board				
Restraints				
• Belly Chains				
• Black Boxes				
• Five-Point Restraints				
• Hand Cuffs				
• Leg Irons				
• Restraint Chair				
Gates				
Security				
• Control Panels				
• Monitors				
Roof Exits				
Emergency Hatches				
Metal Detectors				
• Boss Chair * / **				
• Hand Held * / **				
• Ground * / **				
• Walk Through * / **				
Visual Observation				
Vents/Duct Work				
Drains/Manholes				

- \* A quarterly drill will be performed to ensure equipment is effective and in good working condition and that staff have a clear understanding of what the equipment is designed to do.
- \*\* Must be reported by facility on the "Weekly Inoperable Security Equipment Report" submitted to the associate director of Field Operations through the appropriate division manager.

**Reviewed by the Chief of Security** \_\_\_\_\_ **Date** \_\_\_\_\_

**Reviewed by the Deputy Warden** \_\_\_\_\_ **Date** \_\_\_\_\_

**Reviewed by the Facility Head** \_\_\_\_\_ **Date** \_\_\_\_\_