

OKLAHOMA DEPARTMENT OF CORRECTIONS QUARTERLY JAIL INSPECTION

Jail _____ Date _____

Address _____ City _____ Zip _____

Sheriff/Jail Authority _____ Jail Coordinator _____

Contract Capacity _____ Jail Capacity/Count _____
Count/Security _____

<input checked="" type="checkbox"/>	Personnel & Training	<input checked="" type="checkbox"/>	Security & Control	<input checked="" type="checkbox"/>	Safety & Emergency
<input checked="" type="checkbox"/>	Food Service	<input checked="" type="checkbox"/>	Sanitation & Hygiene	<input checked="" type="checkbox"/>	Medical/Exercise
<input checked="" type="checkbox"/>	Programs & Visiting	<input checked="" type="checkbox"/>	Offender Morale/Work	<input checked="" type="checkbox"/>	Other

Area for Improvements

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Area for Accomplishments

1. _____
2. _____
3. _____

Host Facility Comments: _____

LAST INSPECTION BY STATE FIRE MARSHAL _____ (Date)

Review deficiencies and corrective action taken to this date

LAST INSPECTION BY STATE HEALTH DEPARTMENT _____ (Date)

Review deficiencies and corrective action taken to this date

CORRECTIVE ACTION PLAN IS DUE TO JAIL COORDINATOR IN TEN (10) DAYS

Signature of Jail Representative

Signature of Jail Coordinator/Host Facility