

WATCH First Floor
Security/Safety Inspection Sheet Day _____ Date _____

These forms will originate with the 1st shift Supervisor and be maintained in the Supervisor's office for signature of the 1st, 2nd and 3rd shift Supervisor or senior Technician in those cases where a Supervisor may not be present. **This form will be forwarded to the 1st shift supervisor by the 3rd shift supervisor at shift change.** The daily inspection of those areas so indicated will be made and properly noted each day. The weekly inspection of those areas so indicated will be made and properly noted on each Sunday's form. The monthly inspection of those areas so indicated will be made and properly noted on the last Sunday of each month. The form will be checked and marked accordingly: **S – Satisfactory, U – Unsatisfactory.** All areas will be clean and orderly and within applicable fire and life safety standards.

DAILY CHECKS	Shift		
	1st	2nd	3rd
1. Central Control			
A. Key/Tool/Equipment Inventory			
B. Sanitation/Cleanliness			
C. Control Room Door Locked			
D. Door and Light Panel			
E. Fire Alarm Panel			
F. Speakers/Phones/ Video Monitors			
G. Emergency Evacuation Plans			
H. Staff Read and Signed Post Orders			

2. Red Family Unit	1st	2nd	3rd
	A. Family Member Rooms		
B. Restrooms/Shower/Bath			
C. Dayroom/Halls			
D. All Doors/Locks			
E. Control Room Door Locked			
F. Tool and Equip. Inventory			
G. Emergency Evacuation Plans			N/A
H. Staff Read and Signed Post Orders			
I. Door and Light Panel			

3. Green Family Unit	1st	2nd	3rd
	A. Family Member Rooms		
B. Restrooms/Shower/Bath			
C. Dayroom/Halls			
D. All Doors/Locks			
E. Control Room Door Locked			
F. Tool and Equip. Inventory			
G. Emergency Evacuation Plans			N/A
H. Staff Read and Signed Post Orders			
I. Door and Light Panel			

4. 1st Floor Corridors	1st	2nd	3rd
	A. 1 st Floor Main Hallway		
B. 1 st Floor Intake Hallway			
C. 1 st Floor Entrance Hall & Sallyport			
D. 1 st Floor Recreation Hallways			
E. All 1 st Floor Corridor Doors/Locks			
F. Storage/Janitorial Closets			
G. Emergency Evacuation Plans			

5. Security Office/UA Room	1st	2nd	3rd
	A. Sanitation/Cleanliness		
B. Emergency Evacuation Plans			
C. Tool and Equip. Inventory			

6. Perimeter Check	1st	2nd	3rd

WEEKLY CHECKS	1st	2nd	3rd
	Family Member Room Walls, Ceilings, Windows		
Family Member Room Furnishings			N/A
Plumbing Chase/Mech./Elec. Room Inspections			
Emergency 1 st Aid & Blood Spill Kits			
Fire Extinguisher Placement/Readiness			
Pests/Vermin Control			

DAILY CHECKS	Shift		
	1st	2nd	3rd
7. Entrance Area			
A. Waiting Area			
B. Entrance Restroom			
C. Conference Area Restrooms			
D. Conference Rooms			
E. Locker Room Area			
F. All Doors/Locks			
G. Emergency Evacuation Plans			

8. Loading Dock	1st	2nd	3rd
	A. Sanitation/Cleanliness		
B. All Doors/Locks			
C. Storage Areas/Cooler Temp.			
D. Emergency Evacuation Plans			

9. Recreation	1st	2nd	3rd
	A. Gym		
B. Weight Room			
C. Recreation Yard			
D. Craft Room			
E. Doors/Locks			
F. Restrooms/Shower			
G. Storage Closets			
H. Emergency Evacuation Plans			

10. Administration	1st	2nd	3rd
	A. Doors/Locks		
B. Sanitation/Cleanliness			
C. Storage Closets			
D. Emergency Evacuation Plans			

11. 1st Floor Property Room	1st	2nd	3rd
	A. Sanitation/Cleanliness		
B. Emergency Evacuation Plans			

12. Medical Area	1st	2nd	3rd
	A. Sanitation/Cleanliness		
B. Emergency Evacuation Plans			
C. Tool and Equip. Inventory			

13. Maintenance	1st	2nd	3rd
	A. Sanitation/Cleanliness		
B. Emergency Evacuation Plans			
C. Tool and Equip. Inventory			

14. Interior/Exterior Lighting & Exit Signs	1st	2nd	3rd

MONTHLY CHECKS	1st	2nd	3rd
	Fire Extinguisher Inspection		
Manual Operation of all Doors			
Door Smoke Seals			
Fire Drills			
Emergency Key Test			

Please Note any Discrepancies, Action Taken and Work Orders Submitted (Continue on Page 2 if Necessary)

Please Note any Follow-up Action Required for Repeat Problem Areas (Continue on Page 2 if Necessary)

I certify that I personally checked the items above or I had the items checked by assigned facility staff and that all discrepancies are noted. The appropriate staff was notified immediately of serious security/safety hazards and appropriate action has been taken and work orders have been submitted where needed.

1st Shift Supervisor: _____ 2nd Shift Supervisor: _____ 3rd Shift Supervisor: _____

Sec. Coordinator Initials: _____

