Hanover Park Police Department Supervisor's Weekly Holding Facility Inspection Form

<u>Instructions:</u> Indicate those items that are in need of repair with a [-] and those items that are functional with a [+].

| Cell Block | Holding Cell | Cell 1 | Cell 2 ADA | Cell 3 ADA | Cell 4 | Cell 5 | Cell 6 Padded | Cell 7 | Cell 8 | Cell Juv 1 | Cell Juv 2 |
|----------------------------------|-----------------|--------|---------------|---------------|--------|--------|------------------|--------|--------|---------------|---------------|
| Clean | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- |
| Lights | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- |
| Smoke Detector | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- |
| Secure | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- |
| Locks | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- |
| Doors | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- |
| Bedding | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- |
| Weapons/ Contraband Search | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- | +/- |

Note Any Deficiencies: _____

Security Door Status:

[Locked or Unlocked]

| Sallyport to Garage | Choose an item. | Bond Out | Choose an item. | Cell Block W Door | Choose an item. |
|-----------------------------|-----------------|---------------------------------|-----------------|----------------------|-----------------|
| Garage to Sallyport | | Processing to Juvenile | | Cell Block E Door | |
| Juvenile to Int. Hallway | | Int Hallway to Int. Entrance | | Property Return | |

| Other: Note: Check if adequate |
|--|
| Processing Room: Clean Lighting First Aid Kit Sprinkler/Fire Extinguishers |
| DUI Test Room: Clean Lighting |
| Interview Rooms: Clean Lighting |
| General Supplies: B.O.L. Supplies - Mouth Pieces Test Receipts Transport Hoods [|
| Bond Books Printer Paper |
| Alarm: Control Panel Fire Alarm Pull Boxes Duress Alarms |
| Eye Wash Stations: Garage Processing |
| Note any Deficiencies: |
| |
| Inspector Date/Time |

Original to D/C Support Services; copy to Accreditation Manager Appendix A; DIR 575-S