## Weekly Administrative Staff Tour Log

Name:	Week of:

# Tour/Area Visits and Observation Visit all areas to include unoccupied areas. (5-ACI-3A-11)

Date	Location	Sat	Sun	Mon	Tues	Wed	Thurs	Fri

### Weekly Review of Log Books

Date	Time	Location	Results

#### Weekly Perimeter Fence Alarm/ Security Check

Date	Time Started	Time Ended	Zone Started	Zone Ended	Fabric	Poles	Ties	Razor Wire

#### **Weekly Uniform Inspection**

Officer Name	Date	Shift	Results

#### **Weekly Key Audits**

Location/Key Ring #	Date	Results

#### **Weekly Employee Kiosks Inspection**

Location	Date	Results

#### **Weekly Surveillance/Counts Checklist**

Location	Date	Comments

#### **Weekly Food Service Inspection**

C – Compliant NC – Not Compliant

Are hairnets and beard guards used/being worn? (observation/interviews staff, inmates all person entering food prep area)

Are items stored 6" from the wall and 6"off the floor?

Are hot foods being held above 135 degrees?

Are cold foods held below 40 degrees?

Are food trays inverted or covered when not in use?

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Are sam	ple trays be	eing maintain	ed and dated?				
Do all wa	aste recepta	acles have co	verings, when not in use?				
Are inma	ates/staff ea	ating in the kit	chen area?				
Are dish	es being sta	acked wet?					
Are freezer temperatures 0 degrees or below?							
Are cooler temperatures 35-40 degrees?							
Is the flo	or mixer cle	eaned upon u	se and free from debris?				
Are floor	fans clean	free from gre	ase build up and/or debris?				
Are caus	stics/toxics/f	flammable co	ntrolled?				
Are SDS	S's available	on all chemi	cal/cleaning products in the food service area?				
Are daily	/ work produ	uction schedu	le completed for meal and all areas completed with				
	information		·				
				1			
		М	onthly Shift Briefing Attendance				
Date	Time	Shift	Results				
-							
	N.		nnounced Visits (PREA) All Housing Units				
Date	Time	Location	Results				
		Мо	nthly Key Watcher Activity Report				
Date	Time		Results				
	<u> </u>	l	Manthly Tabl Basis A. Pt				
Doto	1.4	ocation	Monthly Tool Room Audits  Results				
Date	LC	Deation	Results				
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Weekly Drill(s)										
Date	Dril	I		After Action/Response						
	(Affected area, type	e, subject, etc.)	(what was	s learned, policy/practice compliance, etc.)	1					
Additional C	Comments:									
_										
Orientation	1:									
Signature/	Γitle			Date						

(01/22)