

**OKLAHOMA DEPARTMENT of CORRECTIONS
QUARTERLY JAIL INSPECTION**

Jail _____ Date _____

Address _____ City _____ Zip _____

Sheriff/Jail Authority _____ Jail Coordinator _____

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

_____ Personnel & Training	_____ Security & Control	_____ Safety & Emergency
_____ Food Service	_____ Sanitation & Hygiene	_____ Medical/Exercise
_____ Programs & Visiting	_____ Inmate Morale/Work	_____ 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

**Chief Administrator of Community Corrections and Contract Services, 3400 Martin Luther
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