

LOCKUP FACILITY WEEKLY INSPECTION REPORT INSTRUCTIONS

CHICAGO POLICE DEPARTMENT

- 1) The Lockup Facility Inspection will provide the District Station Supervisor with an opportunity to conduct a security inspection of the detention facility to ensure that it is free of hidden contraband and any security lapses. (Access plates used to gain entry into Department facilities with access cards are one example of these security lapses).
- 2) Procedures requiring inspections of cells and log books will be reviewed as necessary.
- 3) The Lockup Facility Weekly Inspection Report (CPD-21.974) will be completed by the District Station Supervisor during second watch, on each Sunday.
- 4) The District Station Supervisor will specify any items that are substandard or defective and place a brief explanation in the "Comments/Recommendations" section.
- 5) In the event an item is identified as substandard, a P.S.A. *Action Request* form will need to be submitted to Public Safety Administration.
- 6) For first aid kits and mattresses, the P.S.A. *Action Request* form will be sent to the Equipment and Supply Section.
- 7) For blue and white paper gowns, a Material Requisition (CPD-34.622) will be completed, scanned and sent to: generalsupport@chicagopolice.org.
- 8) For all other items marked as substandard or defective, the P.S.A. *Action Request* will be submitted to the Facilities Management Division.
- 9) The District Station Supervisor will visually verify that the fire suppression system is in working order. If it is depleted as indicated by the gauge, a P.S.A. *Action Request* will be submitted to the Facilities Management Division.
- 10) In the event an item remains outstanding from a previous week's inspection, it will be indicated in the present Lockup Facility Weekly Inspection Report (CPD-21.974) in the "Comments/Recommendations" section.
- 11) The Lockup Facility Weekly Inspection Report (CPD-21.974) will be retained within the District Commander's office once completed.

LOCKUP FACILITY WEEKLY INSPECTION REPORT

CHICAGO POLICE DEPARTMENT

DISTRICT/UNIT NO.

DATE	TIME	INSPECTED BY	STAR NO.
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SECURITY INSPECTIONS SHALL BE CONDUCTED WEEKLY, ON SUNDAYS. INSPECTIONS SHALL BE CONDUCTED BY A DISTRICT STATION SUPERVISOR. Note: If an item is defective, explain in the "Comments/Recommendations" section below.

AREAS INSPECTED FOR OPERATIONAL CONDITION, WEAR AND SECURITY

ITEM	OK	N/A	DEFECTIVE	ITEM	OK	N/A	DEFECTIVE
Property Control (Temp. Storage, Evidence Secured)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Portable Panic Alarms/Alert Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid Kits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monthly Food Record Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access Plates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TTY Operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Designated Handicapped Cells (Fully Operational)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Evacuation Plan Posted (3 Locations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arrestee Screening & Monitoring Guidelines Posted (4 Locations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADA/MOPD Signage Posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prisoner Pay Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TTY Signage Posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vent covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Language Access Card Posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cameras	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BIA Information Posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intercom System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lockup Interior Hallway Access Clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key Control (Master, Duplicate, Lockbox)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signage posted: Notice of Rights of Persons Under Arrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signage posted: No Firearms Beyond This Point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signage posted: Get Free Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arrestee Access to Phone Call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mattresses (based on no. of cells in Lockup)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposable Blanket(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious Headdress(es)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metal/Weapons Detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanitation Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Interim Paper Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Naloxone kit complete and not expired? YES NO If the Naloxone kit is incomplete/expired has the replacement form Naloxone Request (CPD-15.610) been submitted? YES NO

FIRE SUPPRESSION & DETECTION EQUIPMENT/SYSTEMS

	YES	NO	(If No, Please Explain Below.)
Fire Alarm System Visual	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire Extinguishers Available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire Extinguishers Charged	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____

COMMENTS/RECOMMENDATIONS

(Please list deficiencies that remain outstanding from the previous week and ensure the proper P.S.A. documentation is completed if any deficiencies are identified)

COMMENTS/RECOMMENDATIONS

APPROVALS

District Station Supervisor	Star No.	Watch Operations Lieutenant	Star No.
Executive Officer	Star No.	Commander	Star No.