

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
King Ave., Oklahoma City, OK 73111**

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