

**ENVIRONMENTAL INSPECTION  
DAILY CHECK**

Month: \_\_\_\_\_ Year: \_\_\_\_\_

<b>Main Jail (check one):</b>	Intake Area <input type="checkbox"/> 2E Nurse Station <input type="checkbox"/> 2M Nurse Station <input type="checkbox"/> Pill Call Room <input type="checkbox"/> Exam Rooms: Floor 3 <input type="checkbox"/> Floor 4 <input type="checkbox"/> Floor 5 <input type="checkbox"/> Floor 6 <input type="checkbox"/> Floor 7 <input type="checkbox"/> Floor 8 <input type="checkbox"/>
<b>RCCC (check one):</b>	Outer CBF <input type="checkbox"/> CBF <input type="checkbox"/> SBF <input type="checkbox"/> JKF/KBF <input type="checkbox"/> SLF <input type="checkbox"/> SLF Exam Room <input type="checkbox"/> MHU Exam Room 1 <input type="checkbox"/> MHU Exam Room 2 <input type="checkbox"/> MHU Lab Area 3 <input type="checkbox"/> MHU Nurse Station <input type="checkbox"/>

*Please clearly write initials under each item after verification.*

DAY	MEDICAL EQUIPMENT IS CLEAN AND ORGANIZED	TRASH CANS < 1/2 FULL, SHARPS CONTAINERS < 2/3 FULL	OPENED VIALS ARE DATED	SANITIZING WIPES ARE VISIBLE	NO DEBRIS ON FLOORS	NO SPILLS ON FLOORS	NO LOOSE PAPER ON COUNTERTOPS
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