

**ENVIRONMENTAL INSPECTION
MONTHLY CHECK**

Month: _____ Year: _____

Date Completed: _____

Main Jail (check one):	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"/>
RCCC (check one):	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"/>

ITEM:	COMMENTS:	CORRECTIVE ACTION (IF APPLICABLE):
AED		
Gurneys		
Hospital Beds		
EKG Machine		
Suction Pump		
Exam Tables		
Pulse Ox		
O2 Canisters		
Hemocue		
V/S machines		
Temporal thermometers		
Doppler		
Nebulizer		
Syringe Pump		
Infusion Pump		
Expiration date on supplies		
Sharps containers (< 2/3 full)		

ACH Staff Name (print)

ACH Staff Signature