

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

_____ Correctional Facility

DAILY SECURITY SUPERVISOR REPORT

I. Name/Title _____ Date _____

Signature _____

Area of Assignment _____ Tour _____

A. Were rounds completed? Yes _____ No _____

If no, explain why rounds could not be completed.

B. Were rounds unannounced? Yes _____ No _____

If no, indicate what action, if any, was taken. (Example: No action, called ahead to interview inmate, or discussed with staff the agency policy regarding calling ahead.)

C. List any other areas you may have visited on your tour of duty.

D. Were the rounds you made in the other areas unannounced? Yes _____ No _____

If no, indicate what action, if any, was taken.

II. Deficiencies and Operational Problems (physical plant, cleanliness, health, safety or security, staff and/or inmate problems encountered).

III. Action taken or corrective action in process (Example: work orders, work completed, FSO notified, emergent conditions that required immediate action).

_____IV. Security Inspections, to include cell integrity, cell frisk, inmate industry work station frisk, counts, bar/hammer checks, observed and reported to the Watch Commander/
Comments/Recommendations._____

Submit completed report to the Watch Commander.

Forward to Deputy Superintendent for Security