

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