**ADULT TYPE I, II, III and IV FACILITIES**

**Local Detention Facility Health Inspection Report**

**Health and Safety Code Section 101045**

BSCC #: \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| FACILITY NAME: | | | | COUNTY: | | |
| FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): | | | | | | |
| CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006: | TYPE I | TYPE II | | | TYPE III | TYPE IV |
| ENVIRONMENTAL HEALTH EVALUATION | | | DATE INSPECTED: | | | |
| ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): | | | | | | |
| FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): | | | | | | |
| NUTRITIONAL EVALUATION | | | DATE INSPECTED: | | | |
| NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): | | | | | | |
| FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): | | | | | | |
| MEDICAL/MENTAL HEALTH EVALUATION | | | DATE INSPECTED: | | | |
| MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): | | | | | | |
| FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): | | | | | | |

This checklist is to be completed pursuant to the attached instructions.