

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH

**INSPECTION REPORT
DETENTION OR INCARCERATION FACILITY**

PARISH _____ DATE _____
 INSTITUTION _____ MAX. CAPACITY _____
 ADDRESS _____
 NO. MEN _____ NO. WOMEN _____ NO. JUVENILES _____ TOTAL _____

IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... []	
2. Insect and rodent protection: Tight-fitting doors..... [] Windows; good repair, insect proof..... [] Approved control methods..... []	
3. Handwashing lavatories: Hot and cold water as required..... []	
4. Toilet facilities as required..... []	
5. Approved bathing facilities..... []	
6. Safe drinking water; each cell, cell block or dormitory..... []	
7. Lighting as required..... []	
8. Forced ventilation..... []	
9. Gas heaters vented..... []	
10. Approved plumbing..... []	
11. Approved waste disposal..... []	
12. Mattresses and pillows: Good condition and clean..... []	
13. Isolation cell for Communicable diseases as required..... []	
14. Food source..... []	
15. Floor space: Min. 48 sq. ft. or approved/Court Order..... []	
16. Visitor waiting room: Sanitary facilities available..... []	

Declaration of Inspection:

Signature of this report by the responsible official asserts that all places where inmates are held, sleep, eat, recreate or work within the facility, have been inspected at this time.

FACILITY OFFICIAL _____ SANITARIAN _____ □ □ □ □