



DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

Facility or UNIT

OPENING CHECKLIST

DATE: _____

TIME: _____

AREA	YES	NO	COMMENTS
1. All inmates reported on time, clean clothing and shoes, no open sores, skin infections or intestinal diseases; good personal hygiene			
2. Freezer secured and clean; freezer temperature recorded			
3. Cooler secured and clean; cooler temperature recorded			
4. Office secured and clean			
5. Kitchen secured and clean			
6. Storeroom secured and clean			
7. All equipment operational and clean			
8. All drains operational and clean			
9. No evidence of pilferage or vandalism			
10. Sharps inventoried and secured			
11. Production records ready for use			
12. Diet orders ready to be processed			
13. Food on hand for early meal preparation			
14. Inmate job assignments posted			
15. Logbook opened, dated, read, and initialed			
16. Dish machine filled and ready			
17. Cleaning products and equipment available			
18. Adequate supply of hand towels, hand soap, and toilet paper for all areas			

AM Supervisor's Signature