



The Department of Public Safety and Correctional Services

**PUBLIC SAFETY WORKS
WORK TEAM DAILY REPORT**

Date:	DPSCS Facility:
City/County:	Officer Assigned (if applicable):
Agency:	Time Start: Time End:
Agency Leader Name:	Total Time:

Assignments/Work Description: (Provide details if there was training issued and the individual that provided the training.)

Route	Location From	Location To

Inmate Name	SID/DOC Number	Quality of work: Excellent/Good/Poor

Notes/Problems/Unusual Incidents: Please provide a brief description of the incident and inform the DPSCS facility.

Supervisor Printed Name		DPSCS Printed Name	
Supervisor Signature		DPSCS Signature	