



**STATE OF MONTANA**  
**Food & Consumer Safety Section**  
**Department of Public Health & Human Services**  
**Detention Facility Inspection Report**

Date \_\_\_\_\_

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Facility Name _____	Owner _____	Operator _____
Location Address _____	City _____	County _____
Phone _____	Number of Inmates Facility is Designed for _____	Current Number of Inmates _____
Inspection Purpose: Regular ____ Follow-up ____ Complaint ____ Illness Investigation ____ Pre-opening ____ Other _____		

50-1-203 MCA. Public health inspections. (1) The department may make public health inspections of schoolhouses, churches, theaters, jails, and other buildings of facilities where persons assemble. If public health deficiencies are found in the facility, the department may direct that conditions be corrected within a reasonable time. (2) Either the department or a local board of health may bring an action, including an action for injunctive relief, to correct the public health deficiencies.

7-32-2222 MCA. Health and safety of prisoners. (1) Each detention center shall comply with state and local fire codes for correctional occupancy and with sanitation, safety, and health codes.

<i>GUIDELINE</i>	<i>IN</i>	<i>OUT</i>	<i>NOT OBSERVED</i>	<i>N/A</i>
<b>Records &amp; admissions</b> check for distress, health tag. Medical info recorded. MD called, isolation when needed. Hospitalizations for drug, alcohol withdrawal. Warm shower, soap, exam, clothing, receipt, clean mattress, sheets, blankets, towel given.				
<b>Disease &amp; infection control</b> adequate. MD services available, licensed if applicable, approved. Medical supplies secured. No persons with communicable disease, respiratory infection, infected sores work in infirmary, food service, admissions, laundry, cell block or with others. STDs treated. Facility protected from infestations. Laundry disinfected if infested, not done in cells, services maintained, adequate space.				
<b>Hygiene supplies</b> provided. Soap, toothbrush, toothpaste daily. Shaves, haircuts available. Equipment removed from cell & cleaned. Linen washed $\geq 2$ /wk. Blankets washed $\geq 1$ /mo. Blankets washed, mattress cleaned before reuse. Clothing washed $> 2$ /wk, stored off floor. 1 Toilet+1 sink/cell or 1 toilet+1 sink/8 inmates (except in padded cell, detox center). Bathing available $\geq 2$ /wk. $\geq 1$ shower head/15 inmates. Floor drains flushed daily. Water in traps to control sewer gas. Enough potable water for drinking & cleanliness. Facility clean. Inspected for maintenance, cleanliness, vermin free.				
<b>Structure</b> meets building code, fire code, food code. Cells $\leq 25$ bunks, $\geq 500$ ft <sup>3</sup> air space/inmate. Single cell $\geq 50$ ft <sup>2</sup> , 7"6". Multiple cell $\geq 50$ ft <sup>2</sup> /inmate, 8". Dormitory $\geq 75$ ft <sup>2</sup> /inmate. Double bunks $\geq 9'$ . Ventilation adequate. If built/remodeled after 2002: windows = 1/8 floor space, 1/2 openable Or- outside air 5ft <sup>3</sup> /min, total circulation $\geq 15$ ft <sup>3</sup> /min/person. Floors smooth/cleanable in food receiving/storage/prep/service, prisoner holding, toilet/shower rooms.				
<b>Sanitation</b> sewer & water meet MDEQ regulations. Water sampled monthly if public, quarterly if not public. <i>Last sample date &amp; result:</i> _____ Floors swept, mopped $\geq 2$ /wk. Bars, cell doors, windows, equipment cleaned daily. Inmate garbage emptied daily, containers clean. All garbage stored in washable, rodent proof tight lidded containers. Enough capacity.				
<b>Food service</b> meets ARM 37.110.2. <i>Last inspection date:</i> _____				
<b>Heat, light,</b> ventilation sufficient in inmate work areas. Facility day temp 68-72°F, night $\geq 60$ °F. Cells, dayrooms, reading areas $\geq 20$ footcandles. Walls washable, light color. Cell lights protected, out of reach, under outside control.				

Report Received By \_\_\_\_\_ Title \_\_\_\_\_

Inspector \_\_\_\_\_ Phone \_\_\_\_\_ Follow-up Inspection Required: Yes / No