

## Briefing Paper

1. Entering a Prison
2. Key terms and phrases used by inmates
3. Statistical information – prisons
4. Forms

### **(1.) Entering a Prison**

- Prior to entering a prison, staff, contractors and visitors (Persons) must be in compliance with ADC policies regarding – Grooming and Dress (DO 503 – Employee Grooming and Dress & DO 911 – Visitation).
- Persons must clear a metal detector and are subject to search (within policy guidelines).
- Persons must be in compliance with personal property limitations –
  1. **Prohibited items** – weapons, ammunition, explosives, personal handcuff keys, knives- illegal substances, money in excess of \$40.00, books/magazines/newspapers and other reading materials, personal cell phones or personal wireless communication devices (pagers), electronic & battery operated entertainment devices, computer hardware, to include jump drives.
    - No Orange clothing
    - No Blue jeans
  2. **Food items** – must be eaten during shift, not require cooking, be in the original factory sealed packaging or be wrapped in clear plastic and carried in a clear container – be carried through the metal detector.
- Have and present appropriate identification – staff ID, Visitor badge, acceptable form of identification (Valid drivers license, passport, etc.)

[Policy excerpts included]

### (3.) Statistical information

- Ten (10) Complexes  
Including fifty-one (51) separate prison units  
Custodies:  
Maximum  
Close  
Medium  
Minimum  
Detention

Facilities/Areas by Custody – Split/Mixed facilities make overall numbers  
Greater than 51

Maximum – 7 Phx/Alhambra (MH), Central, SMU I, Browning Lumley –  
yard 30, Rast/ PC max and Rynning SO max.

Close – 12

Medium - 20

Minimum - 20

Detention – units/areas - 20

- Private prisons – 6
- Staff – 9,055 (filled positions – June 30, 2014) – approx. 10,000 FTE's  
Over 600 vacant CO II positions
- 42,415 inmates (July 2014)
- 118 on Death row (116 – Male / 2 – Female)
- Intake – FY 2014 20,300
- Releases – FY 2014 19,213                      Growth – 1,087

### (4.) Forms

Inmate request for withdrawal (MTA)

Inmate letter

Assignment to investigative detention (2A)

HNR – Health Needs Request

HNR Emergency – Health needs request – emergency

Inmate Grievance

Property

DS/ds

ARIZONA DEPARTMENT OF CORRECTIONS

Inmate Property Inventory

Use the Inmate Property Inventory Supplement, Form #909-1P for additional property.  
 P = Personal Property      S = State Issue

Inmate Name (Last, First M.I.)		ADC Number		Date		
Location		Transfer From		Transfer To		
Reason(s) for Inventory						
Contraband		Court	Movement	Not Registered	Hospital	Other
Quantity	Property Description Appliances ( Make, Model, Serial #, Color, etc.)	*P/S	Condition	Sending		Receiving
	Television					
	Radio					
	Stereo					
	Typewriter					
	Headphone/Earphones					
	Other Appliances					
	Jewelry (Complete Description)					
	Ring					
	Religious Medallion					
	Watch					
	Other Jewelry					
Comments						
Property Released To			Received By			
Inventoried by (CO #1)			Inventoried by (CO #2)			
I certify that I have witnessed the inventory of my personal property and that the inventory is a true and accurate accounting of my personal property and the condition thereof, and that no item on this inventory is valued in excess of limits stated in the authorized inmate property list.						
Inmate's Signature			Date Sent			
Inmate's Signature			Date Received			

Distribution:  
 White - Property File  
 Canary - Sending Unit  
 Pink - Inmate

\_\_\_\_\_ of \_\_\_\_\_





**ARIZONA DEPARTMENT OF CORRECTIONS**

**Inmate State Issue/Replacement/Return Record**

INMATE NAME <i>(Last, First M.I.)</i>			ADC NUMBER		INSTITUTION/FACILITY			DATE	
ITEM	INITIAL ISSUE		REPLACEMENT					RETURN	
	QTY ISSUED	MAX. ISSUED	QTY REQ	SIZE	QTY ISSUED NEW	USED	REASON FOR REPLACEMENT <i>(Other Than Routine Wear)</i>	QUANTITY	
T-Shirts		7							
Undershorts <i>(Male Only)</i>		7							
Socks		7							
Shirts (Pullover)		5							
Pants		5							
Ball Cap		1							
Jacket		1							
Boots/Shoes		1							
Laundry Bag		1							
Washcloths		3							
Towels		2							
Blankets		2							
Pillow		1							
Pillowcase		1							
Sheets		2							
<b>FEMALE INMATES</b>									
Panties		7							
Bras		3							
Sport Bra		4							
Pajamas		2							
Robe		1							
<b>SPECIAL NEEDS CLOTHING</b>									
REPLACEMENT ONLY <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			ALL ISSUES/REPLACEMENTS/RETURNS						
INSPECTING OFFICER'S SIGNATURE			DATE		ISSUED BY		DATE		
I acknowledge receipt of all items and clothing noted on this page. All items are in serviceable condition.									
INMATE'S SIGNATURE					DATE				



# ARIZONA DEPARTMENT OF CORRECTIONS

## Inmate Property/Contraband/Disposition Tracking

LOCATION/UNIT	DATE (mm/dd/yyyy)	TIME
INMATE NAME (Last, First M.I.) (Please print)	ADC NUMBER	PROPERTY SEIZED BY

### SEIZED PROPERTY RECEIPT

#	Description	Reason

The above described contraband was seized from the suspect/inmate when he/she knowingly took said contraband into a correctional facility, or was found in possession of said contraband in violation of A.R.S. 13-2505.

### CONTRABAND CONTROL / CHAIN OF EVIDENCE

Evidence Control Number:				
From	Date (mm/dd/yyyy)	Time	To	Initials

### PROPERTY RELEASE

INMATE SIGNATURE	DATE OF NOTIFICATION (mm/dd/yyyy)
CONTRABAND CONTROL NUMBER	NOTIFIED BY (Staff Signature and Badge Number)
<input type="checkbox"/> I wish to donate the property listed above to the Department of Corrections <input type="checkbox"/> I wish to have the property listed above destroyed by the Department of Corrections <input type="checkbox"/> <b>SEND TO:</b> Name _____ Address _____ _____	
<input type="checkbox"/> <b>HOLD FOR:</b> Name _____ Address _____ _____	
SIGNATURE OF PERSON PICKING UP PROPERTY	DATE PROPERTY PICKED UP

CONTRABAND CONTROL OFFICER (Last, First M.I.) (Please print)	BADGE NUMBER	DISPOSAL DATE (mm/dd/yyyy)
DESTRUCTION COMMITTEE MEMBER (Last, First M.I.) (Please print)	BADGE NUMBER	DISPOSAL DATE (mm/dd/yyyy)
DESTRUCTION COMMITTEE MEMBER (Last, First M.I.) (If Inmate unavailable)	BADGE NUMBER	DISPOSAL DATE (mm/dd/yyyy)



ARIZONA DEPARTMENT OF CORRECTIONS

Contraband and Evidence Destruction

Please PRINT. If additional space is needed, use the reverse side of this form

CONTROL NUMBER		OFFICER'S NAME		OFFICER'S I.D. NUMBER
CASE NUMBER (if applicable)			CASE COMPLETED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> _____	
INMATE NAME (Last, First M.I.)			ADC NUMBER	
QUANTITY	ITEM		DESCRIPTION/REASON	
Where and when was the contraband evidence obtained?				
INSTITUTION		UNIT		CELL/HOUSING NUMBER
CITY			COUNTY	
Can the contraband evidence/property be destroyed/disposed of at this time, in accordance with the statutes governing such disposal? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, explain: _____				
County attorney refused filing?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Year case disposed of _____
Case adjudicated?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
OFFICER'S SIGNATURE		BADGE NUMBER		DATE
WITNESS' SIGNATURE		BADGE NUMBER		DATE
WITNESS' SIGNATURE		BADGE NUMBER		DATE

ARIZONA DEPARTMENT OF CORRECTIONS

Use BLACK INK only

Inmate Request for Withdrawal

ADC #

Location

Date

Total Amount

Store

Stamps

Photo

Other

Last Name

First Name

MI

Pay to: (Company or name of payee)

Account Number

Street Address

City

State

Zip Code

Reason:

Attest (Authorizing Staff Signature)

Inmate Signature

ARIZONA DEPARTMENT OF CORRECTIONS

Requests are limited to one page and one issue. NO ATTACHMENTS PERMITTED. Please print all information.

**Inmate Letter**

Inmate Name (Last, First M.I.)	ADC Number	Institution/Unit	Date
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To:	Location
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State briefly but completely the problem on which you desire assistance. Provide as many details as possible.

Inmate Signature	Date
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Have You Discussed This With Institution Staff?  Yes  No  
If yes, give the staff member's name:



ARIZONA DEPARTMENT OF CORRECTIONS

Assignment To Investigative Detention / Form No. 2A

INMATE NAME <i>(Last, First M.I.) (Please print)</i>	ADC NUMBER
INSTITUTION/UNIT	DATE <i>(mm/dd/yyyy)</i>

This is to confirm that effective, \_\_\_\_\_, you are assigned to Investigative Detention.

This action is being taken because you are considered a suspect in an offense occurring within the institution that is triable under the criminal laws of the state of Arizona, or have been charged with an offense that could result in your being charged with a major disciplinary violation and which requires your detention until an investigation is complete.

Your are assigned to Investigative Detention while the investigation is underway and determination is made regarding the referral of this matter to the proper county authorities for possible prosecution or until the disciplinary investigation is completed. The investigation will be completed within 30 days of the alleged offense. If charges are referred to the proper county authorities, those authorities have an additional 30 days from that time in which to file formal charges against you in the appropriate court of record. During this period, you may continue to be housed in Investigative Detention.

Your personal property will be searched and those items that have no bearing on the investigation and which are not contraband or unauthorized property will be returned to you. If charges are not referred or filed within the prescribed time limits, or if they are filed and dismissed, your status will be reviewed and you will be so notified. You may be reclassified to another status at any time.

WARDEN/DEPUTY WARDEN/ADMINISTRATOR NAME <i>(Last, First M.I.) (Please print)</i>	
SERVING STAFF NAME <i>(Last, First M.I.) (Por favor im)</i>	
SIGNATURE	DATE <i>(mm/dd/yyyy)</i>
INMATE SIGNATURE	DATE <i>(mm/dd/yyyy)</i>
WITNESS NAME <i>(Last, First M.I.) (Please print)</i>	
SIGNATURE	DATE <i>(mm/dd/yyyy)</i>

ARIZONA DEPARTMENT OF CORRECTIONS

Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Initials: \_\_\_\_\_

Health Needs Request (HNR)

SECTION/SECCION I

Inmate Name/Nombre (Last, First M.I.) (Apellido, Nombre, Inicial)	ADC Number/Número de ADC	Date/Fecha
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Cell/Bed Number/Celda/Número de Cama	Unit/Unidad	P.O. Box/Apartado Postal	Institution/Facility/Instalación: ASPC
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You are required to be truthful. Failure to be cooperative and any abuse of the health care system or its staff could cause a delay in delivery of care to you and others, and may result in disciplinary action (Use this form to describe only one problem or issue at one time). [Se le exige diga la verdad. La falta de cooperación y cualquier abuso del sistema del cuidado de la salud o del personal podría retrasar la asistencia de este cuidado para usted y para otros y puede dar lugar a una acción disciplinaria (Use este formulario para describir un problema a la vez!]

SECTION/SECCION II

AREA OF INTEREST (Check only one block below)/AREA DE INTERES (MARQUE UN ESPACIO SOLAMENTE)  Medical/Médica  Dental  FHA  Pharmacy/Farmacia  Mental Health/Salud Mental  Eyes/Ojos  Other (specify)/Otros (especifique) \_\_\_\_\_

PLEASE PRINT! Describe your medical/dental treatment issue need in the space below. Be clear and specific. NO ADDED PAGES. [¡POR FAVOR, ESCRIBA EN IMPRENTA! Describa su tratamiento o necesidad médica/dental en el espacio de abajo. Describa claramente y sea específico. ¡NO USE MAS HOJAS!]

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I understand that, per ARS 31-201.01, I will be charged a \$4.00 Health Service fee (excluding exemptions granted by statute) for the visit that I am herein requesting. I further understand that by paying this fee I do not have the right to dictate treatment or who provides treatment. [Entiendo que de acuerdo con ARS 31-201.01 se me cobrará una cuota por el servicio médico de \$4.00 por la cita que aquí estoy pidiendo (excluyendo las exenoiiones otorgadas por la ley). Además entiendo que al pagar esta cuota no tengo el derecho a imponer el tratamiento o quien lo proporcione.]

Inmate's Signature/Firma del prisionero

REMOVE THE GOLDENROD COPY AND PLACE THE REMAINDER IN THE HEALTH NEEDS REQUEST DROP BOX[SEPARA LA COPIA DE COLOR AMARILLO OSCURO Y DEJE LAS DEMAS EN EL BUZON PETICION DE NECESIDADES MÉDICAS]

SECTION/SECCION III

REFERRAL BY MEDICAL STAFF/REFERENCIA MEDICA  Medical/Médica  Dental  Pharmacy/Farmacia  FHA  Mental Health/Salud Mental  Eyes/Ojos  Other/Otros (specify) (especifique) \_\_\_\_\_

Comments/Comentarios

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Staff Signature Stamp/Firma del empleado	Date/Fecha	Time/Hora
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SECTION/SECCION IV

PLAN OF ACTION/PLAN DE ACCION

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Staff Signature Stamp/Firma del empleado	Date/Fecha	Time/Hora
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Distribution: White/Blanca - Health Unit/Unidad de Salud, Canary, Pink & Goldenrod - Inmate/Amarillo Canario, Rosa y Amarillo Obscur - Prisionero

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ARIZONA DEPARTMENT OF CORRECTIONS

HEALTH NEEDS REQUEST (HNR) (Emergency)

USE FOR EMERGENCY REQUESTS ONLY

SECTION I

<b>IDENTIFICATION</b>			
Inmate Name <i>(Last, First M.I.)</i>	ADC Number	Date	
Cell/Bed Number	Unit	P.O. Box	Facility/Unit
<p>I understand that, per ARS 31-201.01, I will be charged \$4.00 Health Service fee for <i>(excluding exemptions granted by statute)</i> the visit that I am herein requesting. I further understand that by paying this fee, I do not have the right to dictate treatment or who provides treatment.</p>			
			Inmate's Signature

<p><i>If inmate is unable to complete or refuses to complete then two individuals must witness: (Check one)</i></p> <p style="text-align: center;"> <input type="checkbox"/> Unable to complete    <input type="checkbox"/> Refuses to complete         </p>	
Witness Name <i>(Print : Last, First M.I.)</i>	Witness Name <i>(Print: Last, First M.I.)</i>
Witness's Signature	Witness's Signature

----- FOR STAFF USE ONLY -----

<b>ENCOUNTER <i>(See SOAP)</i></b>	
Date	Time
<p>Issue:</p>	



ARIZONA DEPARTMENT OF CORRECTIONS

Inmate Grievance

RECEIVED BY	
TITLE	
BADGE NUMBER	DATE (mm/dd/yyyy)

Note: You may appeal the Grievance Coordinator's decision to the Warden/Deputy Warden/Administrator by filing form 802-3, within 10 calendar days of receipt of this notice

INMATE NAME (Last, First M.I.) (Please print)	ADC NUMBER	DATE (mm/dd/yyyy)
INSTITUTION/FACILITY	CASE NUMBER	
TO: GRIEVANCE COORDINATOR		

Description of Grievance (To be completed by the Inmate)


Proposed Resolution (What informal attempts have been made to resolve the problem? What action(s) would resolve the problem?)


Inmate's Signature	Date	Grievance Coordinator's Signature	Date
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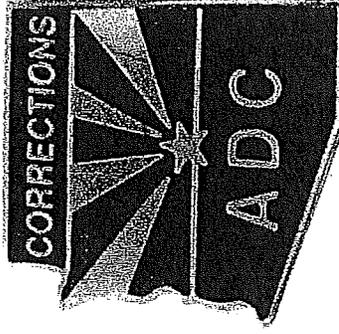
Action taken by \_\_\_\_\_ Documentation of Resolution or Attempts at Resolution.


Staff Member's Signature	Badge Number	Date
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# The Arizona Department of Corrections

Charles L. Ryan  
Director

## CORRECTIONS AT A GLANCE



### JULY 2014

This report contains preliminary statistics as of the end of the month. Changes/updates will be posted on the ADC website. Please refer to the online reports for the most current data.

For further information, contact:  
Arizona Department of Corrections  
Strategic Planning and Special Projects  
1601 West Jefferson Street  
Phoenix, Arizona 85007  
602-542-1576  
<http://www.azcorrections.gov>

This document is available in alternative formats by contacting Central Office Public Access at: 602-542-5886

#### INMATE COMMITMENT OFFENSES

OFFENSE	US Citizens	Crim. Aliens	TOTAL	%
Atton	134	6	140	0.3%
Assault	4,810	425	5,235	12.5%
Auto Theft	1,807	55	1,862	4.4%
Burglary/Criminal Trespass	3,314	111	3,425	8.2%
Child/Adult Abuse	276	18	294	0.7%
Child Molestation	1,376	278	1,654	4.0%
Criminal Damage	181	5	186	0.4%
Domestic Violence	150	4	154	0.4%
Drug Offense	6,887	1,873	8,760	20.9%
DUI	1,542	231	1,773	4.2%
Escape	128	3	131	0.3%
Forgery	581	37	618	1.5%
Fraud	254	7	261	0.6%
Identity Theft	332	15	347	0.8%
Kidnapping	995	475	1,470	3.5%
Manslaughter/Neg. Homicide	681	109	790	1.9%
Murder	2,544	389	2,933	7.0%
Other	1,257	106	1,363	3.3%
Rape/Sexual Assault	471	72	543	1.3%
Robbery	3,498	298	3,796	9.1%
Sex Offense	2,154	253	2,407	5.8%
Theft	1,186	29	1,215	2.9%
Trafficking in Stolen Property	720	10	730	1.7%
Weapons Offense	1,680	87	1,767	4.2%
<b>TOTAL</b>	<b>36,958</b>	<b>4,896</b>	<b>41,854</b>	<b>100.0%</b>
%	88.3%	11.7%		

#### INMATE CRIMINAL HISTORY

	US Citizens	Crim. Aliens	TOTAL	%
Violent Offenders	26,889	2,850	29,739	71.1%
Non-Violent Offenders	10,069	2,046	12,115	28.9%
<b>TOTAL</b>	<b>36,958</b>	<b>4,896</b>	<b>41,854</b>	<b>100.0%</b>
Prior ADC Prison Term	19,430	806	20,236	48.3%
First ADC Prison Term	17,528	4,090	21,618	51.7%
<b>TOTAL</b>	<b>36,958</b>	<b>4,896</b>	<b>41,854</b>	<b>100.0%</b>

#### INMATE PROGRAMS

ADC assesses the recidivism risk and programming needs of each inmate during intake and uses these assessments to prioritize programmatic goals. The Priority Ranking Report (PRR) uses the risk and needs assessments and sentence structure to rank inmates for program placement. Inmates are assigned to programs based on need and availability.

#### PROGRAM ENROLLMENT

Program Type	Sub-Total	TOTAL
ADC Education		6,210
Functional Literacy	1,538	
High School Equivalency	2,354	
Special Education	168	
Career & Technical Education	2,150	
Addiction Treatment		711
Sex Offender Treatment		295
Self-Improvement		3,295
Work Programs		24,318
Arizona Correctional Industries		
• Labor Contracts	1,050	
• Owned & Operated	622	
Intergovernmental Agreements	2,013	
Work Incentive Pay Program	20,633	
<b>Total Program Enrollments *</b>		<b>34,829</b>

\* Inmates may be enrolled in more than one program.

#### INMATE CONTRIBUTIONS / REPARATIONS

AZ COMMUNITY LABOR	This Month	FY YTD
Fire Crew Hours	20,147	20,147
Public Sector Work Crew Hours	167,384	167,384
ADOT Crews Hours	15,783	15,783
<b>AZ CRIME VICTIMS</b>		
Court Ordered Restitution Collected	\$117,497	\$117,497
Victims' Compensation Collected	\$1,365	\$1,365
Victim Notifications of Release	274	274

#### INMATE HEALTH SERVICES

Hospital Admissions.....	125
Inmates With: HIV...213	Active TB...0
Hepatitis C...6,435	
Inmates Requiring Ongoing Mental Health Services.....	11,331

#### INMATE CONDUCT / INMATE GRIEVANCES

Inmate / Inmate Assaults.....	9	Inmate Grievances.....	568
Inmate / Staff Assaults.....	50		

**ADC CENSUS**

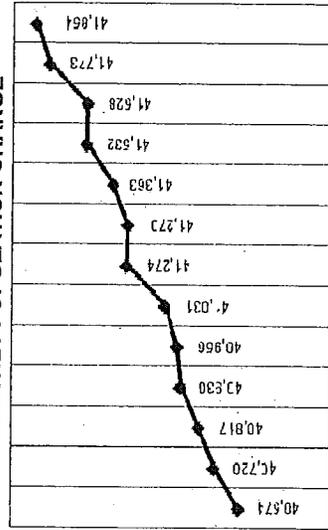
FACILITY	RATED	TEMP	OP CAP*	POP
ASPC-Douglas	1,925	417	2,342	2,330
ASPC-Eyman	4,024	1,319	5,343	5,252
ASPC-Florence	3,440	697	4,137	4,034
ASPC-Lewis	4,604	752	5,356	5,627
ASPC-Perryville	4,202	72	4,274	3,835
ASPC-Phoenix	552	154	714	637
ASPC-Safford	1,453	316	1,769	1,764
ASPC-Tucson	4,605	545	5,170	5,113
ASPC-Winslow	1,626	216	1,842	1,755
ASPC-Yuma	4,350	80	4,430	4,546
In-State Pvt. Prisons	6,400	638	7,038	6,961
<b>PRISON TOTAL</b>	<b>37,181</b>	<b>5,206</b>	<b>42,415</b>	<b>41,854</b>
<b>COMMUNITY SUPERVISION OFFENDERS</b>				<b>5,896</b>
<b>ADC TOTAL</b>				<b>47,750</b>

\*OP CAP: Operating Capacity Beds = Rated Beds + Temporary Beds

**INMATE BED CAPACITY & POPULATION DETAIL**

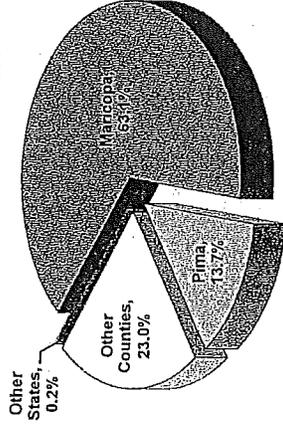
CATEGORY	MALE	FEMALE	TOTAL
Operating Capacity Beds	38,121	4,294	42,415
Inmate Population	38,014	3,840	41,854
Bed Surplus / (Deficit)	107	454	561
Month's Admissions	1,488	250	1,738
Month's Releases	1,436	221	1,657
Month's Growth	52	29	81

**MONTHLY POPULATION CHANGE**

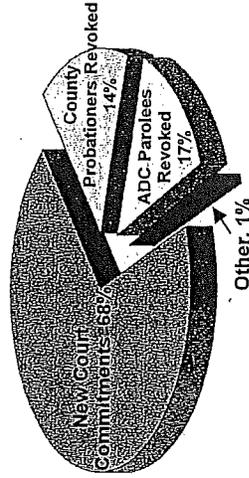


Snap-shot of Population on Last Day of Each Month

**COMMITTED POPULATION BY COUNTY OF CONVICTION**



**ADC HAS ADMITTED 1,738 INMATES FY 2015 YEAR TO DATE**



**ADC HAS RELEASED 1,657 INMATES FY 2015 YEAR TO DATE**

Releaseses Served an Average of 23 Months:  
 47% - Served Over 1 Year  
 17% - Served 6 Months to 1 Year  
 36% - Served Less Than 6 Months

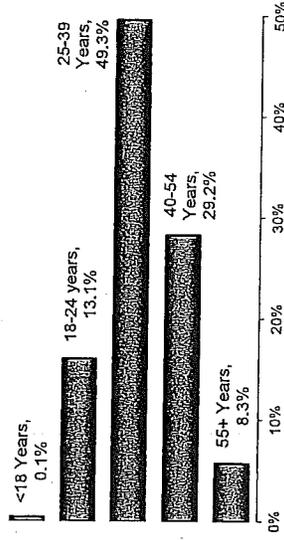
**SPECIAL POPULATION GROUPS**

SENTENCE TYPE	MALE	FEMALE	TOTAL
Death Row	116	2	118
Minors	55	1	56
Veterans	2,613	47	2,660

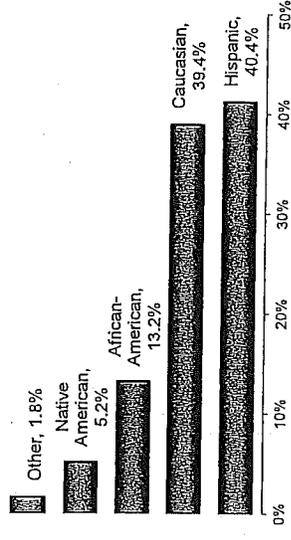
**CITIZENSHIP / GENDER DISTRIBUTION**

	MALE	FEMALE	TOTAL	%
US Citizens	33,249	3,709	36,958	88.3%
Crim Aliens	4,765	131	4,896	11.7%
<b>TOTAL</b>	<b>38,014</b>	<b>3,840</b>	<b>41,854</b>	<b>100.0%</b>
%	90.8%	9.2%		100.0%

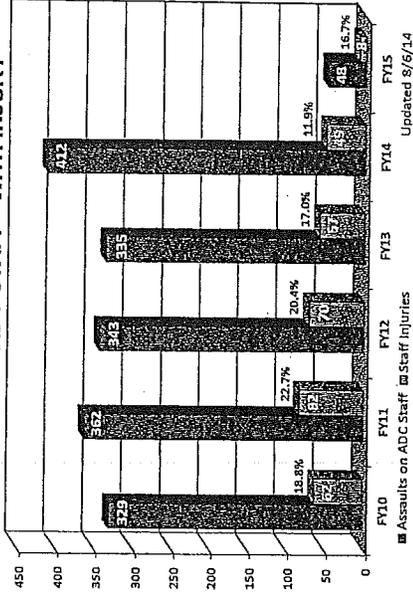
**AGE DISTRIBUTION**



**ETHNIC DISTRIBUTION**



**ASSAULTS ON ADC STAFF - WITH INJURY**



Updated 8/6/14

**ADC CONSTITUENT CONTACTS** 2,409  
**ADC PERSONNEL ON MILITARY LEAVE** 63  
**ADC PERSONNEL ON MILITARY STANDBY** 46

## DO 513 – Employee Property

1.5 Prohibited Personal Property - The following prohibited items shall not be possessed on prison grounds:

1.5.1 Weapons, ammunition, explosives, etc., with the exception of concealed/state issued/personal weapons in accordance with Department Order #510, Firearms Qualification/Firearms Instructor Certification.

1.5.2 Personal handcuff keys.

1.5.3 **SECTION DELETED.**

1.5.4 Pocket knives, hunting knives, razor knives, etc.

1.5.4.1 A Leatherman style tool containing a knife blade will be permitted but must remain secured in the employee's vehicle as outlined in 1.6 of this section.

1.5.5 Apparatus intended for use during confrontations as examples, come-alongs, batons, gouges, etc.

1.6 Restricted Personal Property – The following items shall not be possessed at security posts or work station but may be possessed on prison grounds provided it remains secured in the employee's privately owned vehicle:

1.6.1 Books, magazines, newspapers, or other reading materials not associated with the completion of any employee's assigned duties.

1.6.2 Electronic and battery operated entertainment devices, including game boys, CD players, I-pods, etc.

1.6.3 Two way radios.

1.6.4 Tools sufficient for basic vehicle maintenance, safety and roadside emergencies.

1.6.5 Mace for personal protection purposes only.

1.6.6 Personal telephonic communication equipment including:

1.6.6.1 Personal wireless communication devices (i.e., pagers, cell phones, multimedia devices and blackberry equipment).

1.6.6.2 Separate components that may aid in the use of wireless devices and/or multimedia storage devices. This includes, but may not be limited to: cell phone chargers, mobile chargers, cell phone batteries, and any other item that staff reasonably determines may aid in the use of wireless devices and/or multimedia storage devices.

Permitted Personal Property - Authorized/routine items of personal property that may be carried by an employee, in limited quantities intended for use during the work day, onto prison grounds may include:

1.7.1 Apparel and jewelry consistent with Department Order #503, Employee Grooming and Dress, duty assignment and weather conditions inclusive of:

1.7.1.1 Utility belt and accessories.

1.7.1.2 Cold weather clothing and rain gear (coat, hat, gloves, etc.), which must be taken off site daily.

1.7.1.3 Camel-Back style Water Pack.

1.7.1.4 Clear/see-through back pack that does not exceed 12" x 18" in size. The back pack may be constructed of any material that is transparent (i.e., clear plastic, mesh, etc.).

1.7.1.4.1 All items contained in the backpack are subject to search and shall be emptied as directed.

again. Any items(s) removed shall be thoroughly inspected and searched prior to returning them to the individual.

1.5.3 Hand scanners shall be used when a person fails to clear the walk-through scanner after two attempts.

1.5.4 An alert by the hand scanner is a failure to clear a metal detector.

1.5.4.1 Employees, contractors, or vendors who cannot clear the walk-through scanner or hand scanner shall be pat searched prior to being allowed entry to the unit.

1.5.4.2 Visitors who cannot clear the walk-through scanner or hand scanner shall be asked to leave the facility and not allowed access to visitation for the day, in accordance with Department Order #911, Inmate Visitation.

1.5.4.2.1 Visitors shall not be pat searched in order to enter the unit, unless a special medical condition applies.

1.5.5 Special medical conditions for employees, contractors, vendors, or visitors - Persons with a special medical condition that may affect the reading of electronic detection equipment, (i.e., prosthesis, an embedded metal surgical pin or plate) shall advise the Ingress/Egress officer.

1.5.5.1 The person is required to provide written documentation from a medical provider of the specific medical condition, which shall be approved by the unit Deputy Warden or On-Site Duty Officer.

1.5.5.2 Persons with such a medical condition shall be required to clear a hand scanner for all areas, with the exception of the area of the medical condition, which shall be pat searched.

1.5 Metal Detectors – Walk-through and Hand Scanners - Employees, contractors, vendors, and visitors shall be required to clear a metal detector prior to entering a unit.

1.5.1 Individuals failing to clear the walk-through scanner shall be advised they have one more attempt to clear the detector.

1.5.2 Individuals who fail to clear the walk-through scanner shall remove any article of clothing or accessories, to include shoes if necessary, in an attempt to clear the detector again. Any items(s) removed shall be thoroughly inspected and searched prior to returning them to the individual.

1.5.3 Hand scanners shall be used when a person fails to clear the walk-through scanner after two attempts.

1.5.4 An alert by the hand scanner is a failure to clear a metal detector.

1.5.4.1 Employees, contractors, or vendors who cannot clear the walk-through scanner or hand scanner shall be pat searched prior to being allowed entry to the unit.

1.1.4 Employee pat searches shall be conducted at least once each calendar quarter. These searches shall be irregularly timed, unannounced and conducted in accordance with the guidelines established in this Department Order.

1.1.4.1 A pat search of an employee shall be conducted by a staff member of the same gender as the employee.

1.1.4.2 Searches of employee vehicles on prison grounds, regardless of rank or position of the employee, may be conducted as authorized by the Warden, Deputy Warden or the institution's Chief of Security. Employees shall be present during searches of their vehicles.

1.1.4.3 Administrative offices at prisons and Community Correctional Centers are considered secure areas, and employees and their personal and state issued property may be searched in these areas.

1.1.4.4 Searches shall not be conducted routinely in non-secure administrative offices and facilities, including those at Central Office buildings. Employees and their personal and state issued property may be searched at these locations when such searches are based on reasonable suspicion.

**708.04 SEARCHES OF MEMBERS OF THE PUBLIC (VISITORS)** - All visitors, their possessions and vehicles are subject to search as outlined in Department Order #911, Inmate Visitation.

1.1 Employees shall only conduct searches of members of the public as a function of their post duties or by authorization of the Warden or Deputy Warden.