

**OFFSITE WORK CREW SECURITY AUDIT**

Work Crew Supervisor Location Number of workers on site

[ ]  Yes [ ]  No Vehicle search logged on DOC 21-666 Offsite Work Crew Daily Log Time:

[ ]  Yes [ ]  No Counts were conducted and accurate Time:

[ ]  Yes [ ]  No Gate cards kept secure Location:

[ ]  Yes [ ]  No Vehicle kept secure as necessary Comments:

[ ]  Yes [ ]  No DOC 21-516 Daily Tool Accountability complete Comments:

[ ]  Yes [ ]  No Current/accurate logbook/activity sheet Comments:

[ ]  Yes [ ]  No Post Orders/Operations Manual Comments:

[ ]  Yes [ ]  No Required equipment available Comments:

[ ]  Yes [ ]  No Community members present Comments:

[ ]  Yes [ ]  No Safety gear accounted for and documented on DOC 21-666 Offsite Work Crew Daily Log

[ ]  Yes [ ]  No DOC 03-443 Non-Department Personnel Acknowledgment for Offsite Work Crews signed [ ]  N/A

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| --- |
| **WORKER INTERVIEW** |

Worker name DOC number Assignment

[ ]  Yes [ ]  No Site boundaries easily identified? Comments:

[ ]  Yes [ ]  No Understands site expectations? Comments:

[ ]  Yes [ ]  No Understands how to report emergencies? Comments:

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| --- |
| **Potential Security Risks** |

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| --- |
| **Comments** |

Auditor/Inspector Signature

Position/Title Date Time

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