



OFF-SITE WORK CREW SECURITY AUDIT

Work Crew Supervisor _____ Location _____ Number of workers on site _____

- Yes No Vehicle search logged on DOC 21-666 Off-Site 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 log book/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 Off-Site Work Crew Daily Log
- Yes No DOC 03-443 Non-Department Personnel Acknowledgment for Off-Site Work Crews signed N/A

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: _____

POTENTIAL SECURITY RISKS

COMMENTS

Auditor/Inspector

Signature

Position/Title

Date

Time

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Employee Supervisor **COPY** - Captain/Work Program Security Manager