

**COURTHOUSE SAFETY/ SECURITY AUDIT**

**COMMENTS**

DATE OF INSPECTION

INSPECTED BY

ADDRESS

APPX YEAR BUILT

NATIONAL HISTORIC PLACE   
BUILDING NUMBER   
YEAR REGISTERED

SQFT

BLDG POP

OFFICE HOURS

FLOORS (INCLUDE BSMT)

METAL DETECTOR   
PORTABLE WAND   
X-RAY   
PACKAGE INSPECTION

INMATE RESTRAINT  
HOLDING CELL   
SALLY PORT

BAILIFFS/SECURITY PERSONNEL  
LOCATIONS   
NUMBER   
ARMED   
TAZERS   
OTHER

FIRE ALARM SYSTEM   
MANU   
TYPE-MAKE/MODEL

CARD ACCESS SYSTEM   
MANU   
CARD AUDIT TRAIL

EMPLOYEE BADGING

METAL KEY CONTROL SYSTEM	<input type="checkbox"/> Y <input type="checkbox"/> N
SPRINKLERS	<input type="checkbox"/> Y <input type="checkbox"/> N
SMOKE DETECTORS	<input type="checkbox"/> Y <input type="checkbox"/> N
FIRE EXTINGUISHERS	<input type="checkbox"/> Y <input type="checkbox"/> N
TYPE	<input type="text"/>
MONTHLY INSPECTION	<input type="checkbox"/> Y <input type="checkbox"/> N
BUILDING STRUCTURE COMPOSITION	<input type="text"/>
ELEVATOR	
NUMBER	<input type="text"/>
MANU	<input type="text"/>
CURRENT LISCENSE	<input type="checkbox"/> Y <input type="checkbox"/> N
DOCUMENT SHREDDING	<input type="checkbox"/> Y <input type="checkbox"/> N
ADA COMPLIANT    1994/2006 STRDS	<input type="checkbox"/> Y <input type="checkbox"/> N
ELEVATOR	<input type="checkbox"/> Y <input type="checkbox"/> N
RESTROOMS	<input type="checkbox"/> Y <input type="checkbox"/> N
JURY BOX	<input type="checkbox"/> Y <input type="checkbox"/> N
BUILDING	<input type="checkbox"/> Y <input type="checkbox"/> N
FIRE ALARM SYSTEM	<input type="checkbox"/> Y <input type="checkbox"/> N
DOORS	<input type="checkbox"/> Y <input type="checkbox"/> N
RAMPS	<input type="checkbox"/> Y <input type="checkbox"/> N
JURY ROOM SECURE	<input type="checkbox"/> Y <input type="checkbox"/> N
CHAMBERS SECURE	<input type="checkbox"/> Y <input type="checkbox"/> N
DURESS BUTTONS	<input type="checkbox"/> Y <input type="checkbox"/> N TESTED _____
BENCH REINFORCEMENT	<input type="checkbox"/> Y <input type="checkbox"/> N
PARKING SECURITY	<input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION TO BUILDING	<input type="text"/>
SECURE SPOTS	<input type="checkbox"/> Y <input type="checkbox"/> N
MARKINGS/POSTINGS	<input type="checkbox"/> Y <input type="checkbox"/> N
BARRIERS	<input type="checkbox"/> Y <input type="checkbox"/> N
LIGHTING	<input type="checkbox"/> Y <input type="checkbox"/> N
BUFFER ZONE AROUND BUILDING	<input type="checkbox"/> Y <input type="checkbox"/> N
EXTERIOR FIRE ESCAPES	<input type="checkbox"/> Y <input type="checkbox"/> N
SECURITY ALARMS	
MOTION	<input type="checkbox"/> Y <input type="checkbox"/> N
DOOR AJAR	<input type="checkbox"/> Y <input type="checkbox"/> N
CCTV	<input type="checkbox"/> Y <input type="checkbox"/> N
LOCATIONS	<input type="text"/>
RECORDERS	<input type="checkbox"/> Y <input type="checkbox"/> N

MSDS		Y N
	CHEMICAL INVENTORY	Y N
	RIGHT TO KNOW	Y N
AED		Y N
1ST AID KITS		Y N
	FULLY STOCKED	Y N
PERSONNEL TRAINING		Y N
	1ST AID	Y N
	CPR/AED	Y N
	DEFENSIVE DRIVER	Y N
	FIRE EXT	Y N
	FLOOR WARDEN	Y N
OUTDOOR AIR INTAKES SECURE		Y N
MANHOLES/GRATES SECURE		Y N
WINDOWS SECURE/TYPE		
	ALARMED	Y N
DOORS		
	SECURE	Y N
	TYPE	
	FIRE RATED	
ROOF		
	ACCESS SECURE	Y N
	TYPE	?
SECURITY PATROL		Y N
	TIMES	
BOMB THREAT PLAN		Y N
ELEVATOR ENTRAPMENT PLAN		Y N
ADVERSE WEATHER CONDITIONS		
	SNOW	
	FLOOD	
	WILDFIRE	
	HIGH WIND	
	EARTHQUAKE	
EMERGENCY SUPPLIES		Y N
EMERGENCY POWER		Y N
	TYPE	

UPS	<input type="checkbox"/> Y <input type="checkbox"/> N
TYPE	<input type="checkbox"/>
EMERGENCY LIGHTING	<input type="checkbox"/> Y <input type="checkbox"/> N
BUILDING EXTERIOR	<input type="checkbox"/>
DEBRIS FREE	<input type="checkbox"/> Y <input type="checkbox"/> N
PLANTS/SHRUBBERY	<input type="checkbox"/>
HAZARDOUS MATERIAL STORAGE	<input type="checkbox"/> Y <input type="checkbox"/> N
INCIDENT REPORTING PROTOCOL	<input type="checkbox"/> Y <input type="checkbox"/> N
EVACUATION PLAN	<input type="checkbox"/> Y <input type="checkbox"/> N
ROLES	<input type="checkbox"/> Y <input type="checkbox"/> N
SHOOTING	<input type="checkbox"/> Y <input type="checkbox"/> N
CHEMICAL SPILLS	<input type="checkbox"/> Y <input type="checkbox"/> N
PUBLIC COUNTER	<input type="checkbox"/> Y <input type="checkbox"/> N
FLOOR PLANS	<input type="checkbox"/> Y <input type="checkbox"/> N
INDOOR AIR QUALITY -TESTED	<input type="checkbox"/> Y <input type="checkbox"/> N
HOT WORK PERMIT	<input type="checkbox"/> Y <input type="checkbox"/> N
INSPECTION REPORTS	<input type="checkbox"/> Y <input type="checkbox"/> N
WORKPLACE VIOLENCE POLICY	<input type="checkbox"/> Y <input type="checkbox"/> N
PANDEMIC POLICY	<input type="checkbox"/> Y <input type="checkbox"/> N
COOP PLAN WRITTEN	<input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL EMERGENCY PROCEDURES	<input type="checkbox"/> Y <input type="checkbox"/> N
OSHA300 LOGS	<input type="checkbox"/> Y <input type="checkbox"/> N
HOMELAND SECURITY	<input type="checkbox"/>
TERRORISM	<input type="checkbox"/> Y <input type="checkbox"/> N
EXPLOSIONS	<input type="checkbox"/> Y <input type="checkbox"/> N
CHEMICAL	<input type="checkbox"/> Y <input type="checkbox"/> N
BIOLOGICAL	<input type="checkbox"/> Y <input type="checkbox"/> N
NUCLEAR	<input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION OF FIRE DEPT	<input type="checkbox"/>
LOCATION OF EMERGENCY MEDICAL	<input type="checkbox"/>
SAFETY/SECURITY COMMITTEE	<input type="checkbox"/> Y <input type="checkbox"/> N
ACCIDENT REPORTING/INVESTIGATION	<input type="checkbox"/> Y <input type="checkbox"/> N
PM SYSTEM IN PLACE	<input type="checkbox"/> Y <input type="checkbox"/> N

BUILDING CONDITION  
INTERIOR  
EXTERIOR


DATE OF LAST FIRE DRILL

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HVAC

AIR CONDITIONER/MANU  
AIR OR WATER COOLED  
HEATING SYSTEM  
FUEL


EMERGENCY COMMUNICATION

CELL PHONES  
POLICE/FIRE RADIO  
REMOTE ALARM MONITORING

Y N
Y N
Y N

HELICOPTER LANDING ZONE

Y N
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