# NSP Facility Orientation Checklist

**Facility Orientation Topic/Training Elements**

Check Required Training Elements (listed by NSP category) when completed.

### Orientation Tour
- How to Move Around Facility
- Emergency Exits
- Staff Areas
- Inmate Areas
- Bathroom Locations
- Local Institution Emergency Information

### Required Documentation
- Prohibited Inmate Conduct
  - Progressive Discipline
  - Conduct Orders
  - Local Standard for Level of Discipline
- Report Writing – Expectation of OIC
  - How and When to Write a DR
  - Writing Supporting Memoranda
  - Expectation to Prepare Reports/Memoranda
- M-17: Work & Programs
  - Required paperwork
  - Completion of attendance rosters
  - M-17 compliance issues/tracking
  - Recreational activities v. required activities
  - Daily Fails & Program Fails
  - M-17 Coordinator

### Who, What, When, and Where
- Organizational Structures
- Lines of Authority
- Location of Key Staff
- Who to Contact With Issues/Questions
- Schedules
- Count Procedures
- Line Movements
- Call Outs

### Emergency Procedures
- Evacuation Routes
- Assembly Areas
- Fire Extinguishers
- AEDs
- How to Communicate an Emergency – Including Your own Medical Emergency
  - Expectations of Being a Hostage
  - When to Use Radio/Body Alarm/Phone

### Inmate Count Procedures 40.1.3
- Processes
- Local Count Times
- Local Tolerance for Out Counts
- Count Slips
  - How to Fill Out
  - Who Picks Up
  - Practice/"How To"

### PREA
*Exception: State Police.

**Other NSP:** May be waived with documentation of prior training.

### Institution Access Procedures
- Entering Prison 101
- Signing in and out
- Metal Detectors
- Ways to Simplify Process

### Tools, Keys, & Radios
- To Whom are These Issued?
- How to Use
- Radio Protocol
- Keys
  - How to pull
  - How to use
  - Sticky doors
  - Keep on person

### ESS

### Code of Ethics
- Recoverable incidents, standards to adhere to
- OSHA (asbestos)
- What can/cannot say
- Inmate Relationship/Conflicts
- HIPPA

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I verify that I completed the above training on this date.

Trainee:

- Printed Name: ____________________________
- Signature: ____________________________
- Date: ____________________

I verify that the above training has been completed and meets the requirements of Policy 100.1.2 and the Functional Unit Manager.

Requesting Authority:

- Printed Name: ____________________________
- Signature: ____________________________
- Date: ____________________

Copies: Requesting Authority

ID Card Coordinator (a copy of this form must be submitted as part of an ID card request)

Supervisor

CD1688 (10/14)