**TEMPLATE FOR INSPECTION BY OFFICERS OF HOME DEPARTMENT.**

|  |  |
| --- | --- |
| Name of Jail |  |
| Date / Month / Year |  |
| Name & designation of visitor |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Capacity** | Authorized accommodation | | | |  | | | | | | |
| Existing population | | | |  | | | | | | |
| Under trial | | | |  | | | | | | |
| Convicted | | | |  | | | | | | |
| Condemned Prisoners | | | |  | | | | | | |
| Unconfirmed condemned prisoner | | | |  | | | | | | |
| Civil Prisoners | | | |  | | | | | | |
| Prisoners waiting for payment of Diyat / Arsh /Daman | | | |  | | | | | | |
| Mentally Retarded. | | | |  | | | | | | |
| **Female Prisoners:** | | | | | | | | | | |
| 1. Pregnant | | | |  | | | | | | |
| 1. With Children | | | |  | | | | | | |
| **Children with Mothers:** | | | |  | | | | | | |
| 1. Below the age of 6 years. | | | |  | | | | | | |
| 1. 6 Years & above. | | | |  | | | | | | |
| Numbers of Juvenile Offenders | | | |  | | | | | | |
| Age-wise data | | | |  | | | | | | |
| Male | | | | | | Female | | | | |
| Over  60 years | Over  50 years | Over  40 years | Over  30 years | | Over  20 years | Over  60 years | Over  50 years | Over  40 years | Over  30 years | Over  20 years |
|  |  |  |  | |  |  |  |  |  |  |

**HUMAN RESOURCES**

| **Sr.No**. |  | **Status** | **Action Required** | **Responsibility** | **Time Frame** |
| --- | --- | --- | --- | --- | --- |
| 1 | Sanctioned Strength of Staff is available |  |  |  |  |
| 2 | Female Staff Deputed at Female Section. |  |  |  |  |

**FOOD**

| **Sr.No**. |  | **Status** | **Action Required** | **Responsibility** | **Time Frame** |
| --- | --- | --- | --- | --- | --- |
| 1 | Food (Quantity & Quality) According to approved diet scale & menu. |  |  |  |  |
| 2 | Whether special diet is given to patients in hospitals, for pregnant ladies, nursing mothers and for children (under rule 485, 487, 488 & 489) |  |  |  |  |
| 3 | Monthly Medical Check-up of Kitchen labour. |  |  |  |  |

**MEDICAL FACILITIES**

| **Sr.No**. |  | **Status** | **Action Required** | **Responsibility** | **Time Frame** |
| --- | --- | --- | --- | --- | --- |
| 1 | Facilities available to pregnant ladies |  |  |  |  |
| 2 | Vaccination Arrangements for Children along with details of Vaccination provided to Children in Jails (please sent Chart of every child) |  |  |  |  |
| 3 | Availability of Ambulance |  |  |  |  |
| 4 | Availability of Medical Staff & Essential Medicines. |  |  |  |  |
| 5 | Number of Patients admitted in Jail Hospital |  |  |  |  |
| 6 | Arrangements for mentally retarded prisoners |  |  |  |  |
| 7 | Patients Suffering with Hepatitis, HIV etc and treatment facilities. |  |  |  |  |
| 8 | Detoxification Facilities. |  |  |  |  |
| 9 | Capacity of Hospital or dispensary to admit sick prisoners for urgent and first aid treatment. |  |  |  |  |
| 10 | Facilities For Lab Examination |  |  |  |  |
| 11 | Numbers of Doctors deputed in Jail (including female doctors / LHVs) as per requirements. |  |  |  |  |

**LIVING CONDITION**

| **Sr.No**. |  | **Status** | **Action Required** | **Responsibility** | **Time Frame** |
| --- | --- | --- | --- | --- | --- |
| 1 | Overall Hygienic condition of the Jail. |  |  |  |  |
| 2 | Utility Facilities Available at Prison for Inmates |  |  |  |  |
| 3 | Arrangements for Load Shedding (Electricity / Sui Gas) |  |  |  |  |
| 4 | Availability of Separate Female Section |  |  |  |  |
| 5 | Availability of Women Barrack (Airy and according to weather condition) |  |  |  |  |
| 6 | Availability of Separate Barrack for Juveniles (Airy and according to weather condition) |  |  |  |  |
| 7 | Availability of Toilets and cleanliness Standards |  |  |  |  |
| 8 | Availability of toilets round the clock. |  |  |  |  |

**VISITATION**

| **Sr.No**. |  | **Status** | **Action Required** | **Responsibility** | **Time Frame** |
| --- | --- | --- | --- | --- | --- |
| 1 | Availability of interview Room, what facilities are provided there for visitors. |  |  |  |  |
| 2 | Availability of Visitors Shed / pure Drinking Water (numbers of Filtration Plants to be mentioned there) |  |  |  |  |
| 3 | Availability of jail canteen. |  |  |  |  |
| 4 | Whether the rate list duly vetted by price control magistrate & displayed at canteen |  |  |  |  |

**REFORMATION AND REHABILITATION STEPS**

|  | **Status** | **Action Required** | **Responsibility** | **Time Frame** |
| --- | --- | --- | --- | --- |
| **Facilities available to juveniles and children with mothers.** |  |  |  |  |
| 1. Formal education facility |  |  |  |  |
| 1. Religious education |  |  |  |  |
| 1. Vocational training |  |  |  |  |
| 1. Sports (Indoor / outdoor) |  |  |  |  |
| 1. TV facility in barrack. |  |  |  |  |
| 1. Cold drinking water in hot weather. |  |  |  |  |
| 1. Proper medical care |  |  |  |  |
| 1. What training are available for enhancement of skills of prisoners |  |  |  |  |
| **Complaints redressal mechanism.** |  |  |  |  |
| 1. Complaints received and addressed by Superintendent Jail during daily visits |  |  |  |  |
| 1. Complaint boxes |  |  |  |  |
| 1. Helpline 1124 |  |  |  |  |
| 1. Daily Khulli Ketchary by Superintendent Jail |  |  |  |  |
| **Behavior of Jail officials with prisoners.** |  |  |  |  |
| 1. Any reported incident of quarrel between inmates and staff |  |  |  |  |
| 1. Whether any prisoner have submitted any representation to the visitor |  |  |  |  |
| 1. Result of Pervious representations submitted by the prisoners. |  |  |  |  |
| 1. Number of prisoners confined in punishment block. |  |  |  |  |
| 1. Whether any prisoner has ever been punished for complaints to visitors. |  |  |  |  |
| 1. Whether entries in the punishment register have been verified / examined. |  |  |  |  |
| 1. Whether the list of official / ex-officio and non-officials visitors is placed in the jail. |  |  |  |  |
| 1. Compliance report of previous visit / directions. |  |  |  |  |

**Recommendations (If any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Officer**

**of Home Department**