

VISITING COMMITTEE  
REPORT ON LOCK-UPS

PARISH.....ZONE.....LOCATION OF STATION.....

INSPECTION DATE.....TIME.....BY APPOINTMENT YES/NO\*\*\*

VISITING JUSTICES OF THE PEACE: (List names - please print)

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.....  
.....

GAZETTED OR SUB-OFFICER IN CHARGE STATION (name).....

WHETHER PRESENT AT TIME OF INSPECTION: YES/NO \*\*\*

DUTY OFFICER AT TIME OF VISIT: (name).....

SENIOR PERSON ACTUALLY PRESENT AT TIME OF INSPECTION (if different from above):

(name).....

(\*\*\* Please delete where applicable)

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CONDITION OF CELLS & DETAINEES

NUMBER OF CELLS..... CONDITION OF CELLS.....

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**PROVISION FOR FEMALE DETAINEES**

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**PROVISION FOR JUVENILE DETAINEES:**

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**PROVISION FOR THE MENTALLY ILL:**

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**CELL OCCUPANCY: (Intended)**

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**CELL OCCUPANCY: (Actually seen)**

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SLEEPING ARRANGEMENTS:.....  
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**TOILET/BATHING FACILITIES:**  
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**RATION ARRANGEMENTS:** .....  
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**EXERCISE FACILITIES:** .....  
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**MEDICAL INSPECTION/TREATMENT FACILITIES: (both First Aid and more serious)**  
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**PERSONS SEEN/INTERVIEWED UNDER DETENTION: (comment)**

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**AVERAGE LENGTH OF STAY:** .....  
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**ANY OTHER COMMENTS:** .....  
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**SIGNATURES OF INSPECTING JUSTICES OF THE PEACE**

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**DATE**.....

**SIGNATURE OF SUB-OFFICER i/c STATION**

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**DATE**.....