ENVIRONMENTAL HEALTH AND SAFETY SURVEY

TUTWEILER PRISON

MONTGOMERY, ALABAMA

ON

JULY 6, 7, AND 8, 1994

BY

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I, James J. Balsamo, Jr. was employed as a private consultant by the United States Department of Justice to provide expert consultative services by evaluating the sanitation and life and health safety conditions provided at the Tutweiler Women's Prison in Montgomery, Alabama.

My opinions noted in this report are based on my site visit and inspection of the above noted facility on July 6, 7, and 8, 1994; my review of policies and procedures, fire drill reports, review and tests performed on the fire alarm system and emergency lighting, as well as conversations with both correctional facility personnel and inmates. This report reflects the status of these items noted during the inspection.

My conclusions, in summary fashion, as to the adequacy of sanitation and life and health safety conditions at this prison is that although the living quarters were found to be clean, there are significant fire safety, food sanitation, general safety and sanitation, lifesafety training, and other living quarters safety and sanitation problems existing that jeopardizes the health and life safety of the inmates at this facility.

I. General Sanitation and Safety

A. Electrical Safety

Many electrical safety hazards are present in this facility creating shock and fire hazards. Representative of the overall problem are specific examples listed below:

1. Two electrical receptacle ground prongs were tested in Dormitory #2 and both were found to have no tension on the receptacle which could cause inadequate grounding to be present thereby creating a possible shock hazard.

2. In Dormitory #2, the four-plex electrical outlet in the shower area is wired improperly in that there is an open neutral at this receptacle. (Photo 1)

3. Also, this receptacle in item "2" above is not protected by a Ground Fault Circuit Interrupter (GFCI) and one must be provided to protect against a potential shock hazard.

4. The electrical cord near the lavatory in Dormitory #2 has no ground prong to drain current to ground and prevent a shock hazard.

5. The electrical receptacle which is within two feet of the utility sink in Dormitory #2 is not equipped with a GFCI, and has no tension on the ground, hot or neutral prongs.

6. The electrical plug near the water fountain in Dormitory #2 fits very loosely in the receptacle and the hot, neutral, and ground prongs in the receptacle do not have proper tension to provide continuity in the receptacle and this could cause a short, fire, or electrical hazard.

7. The neutral and ground prongs of the electrical outlets in Dormitory #1 have no tension in them thereby creating a potentially hazardous electrical shock situation.

8. In Dormitory #1, the electrical outlet near the utility sink has an open ground thereby creating a potentially hazardous situation.

9. In Dormitory #4, one of the electrical receptacles in the shower area has an open neutral and the

ground prong has no tension on it, thereby creating a potentially hazardous situation. (Photos 2 & 3)

10. The electrical receptacles in wet areas of the dietary area are not equipped with GFCI and this should be corrected.

11. The electrical outlets near the clothes washing machine in Building A of the Edwina Mitchell Center (EMC) are in a wet area and should be protected by a GFCI to prevent a shock hazard.

Mr. Gordon Wright acknowledges that there is no routine electrical outlet inspections or tests conducted. They only respond to complaints. This points to the need to include the electrical system in a preventive maintenance program after the entire facility is inspected and brought up to code, especially in terms of GFCI in wet areas and properly functioning electrical outlets.

B. Air Quality

The temperature in the dormitories is about 80°F with air being provided by windows, floor fans, and forced air via ceiling registers in each dormitory and air return grills in the hallways. The distribution of air varied in two dorms checked, however the measured air volume per inmate appears to be adequate.

1. When questioned, air balancing reports could not be produced and consideration should be given to balancing the system.

2. Many screens are broken, ripped, or missing and they must be replaced by suitable institutional type screens since air movement in dormitories relies partially on air movement through the windows. (Photos 4 & 5)

3. Several air vents in the AIDS Unit are clogged with paint and this needs to be corrected. (Photo 6)

4. The fans that provide air to the dormitories via ceiling registers are not part of the emergency power system and, in winter especially, this could prove to be a serious problem.

C. Water Quality

The potable water system in this facility is in jeopardy of being contaminated by the absence of back-

siphonage/back flow devices when submerged inlets are in evidence. Examples of this are noted below.

1. Vacuum breakers are needed on hose bibs in the flooding areas to prevent backsiphonage of contaminated water into the potable water pipes:

Dormitory #3 (Photo 7)	Utility sink in shower area - hot and cold hose bibs
Dormitory #2	Utility sink in shower/lavatory area
Dormitory #4	Utility sink in shower/lavatory area
Dormitory #9 (Photo 8)	Mop Closet next to Dorm #9
Boiler Room (Photo 9)	Hose bibs
Kitchen Photos 10 & 11)	Remove control valve downstream from vacuum breaker near kettles.

2. Water from all electric water fountains such as Oasis, etc. needs to be checked for lead levels to protect inmates from possible lead poisoning.

3. In the middle pipe chase for Dormitory #2, there is a leaking valve which needs to be repaired.

D. General Sanitation and Sanitizing Practices

1. In EMC Buildings A and B, there is mold evident on the shower mats. (Photo 12)

2. Paint is peeling from the walls and ceiling in the sleeping and shower areas in Dormitory #3 (Photo 13) and other dormitory areas (Photos 14 & 17).

3. There is evidence of leakage above the ceiling in Dormitory #9. Wet and stained ceiling tiles are in this Dorm. Some ceiling tiles appear to be sagging and may fall. The leaks need to be sealed and the ceiling tile replaced. (Photo 18 & 19)

4. There is standing water in the storage room section of the boiler room and I was informed that this is a constant problem. A solution needs to be found so as not to become a mosquito breeding area and/or

a source of contaminants for the items stored in the area. (Photo 20)

5. Lt. Owens said two hours of Bloodborne Pathogen training is provided during basic training, when correctional personnel are first employed. No other formal on-site Bloodborne Pathogen training is provided. They learn on the job, as needed.

   The training outline used at basic training, and provided for my review, does not indicate how to apply bleach as a sanitizing agent. The steps that should be followed when properly cleaning and sanitizing a surface, when contaminated by blood or body fluids, is not included in the procedures.

   I asked if Bloodborne Pathogen training is provided during the Advanced Training sessions given twelve months after initial employment and I was told that it is not being taught now.

   Only the nurse in the medical area related the proper procedure for cleaning blood or body fluids from surfaces.

6. There are no autoclave records since January 1994 which indicate the results of efficiency checks (biological monitor) via spore strips for the dental and medical area. Failure to assure proper sterilization of medical instruments could cause disease transmission and such checks must be routinely performed to prevent such problems.

7. Pest Control

   This entire facility is in need of proper window screens to prevent the entrance of insects, especially since much of the ventilation is provided via these windows. Screens in housing units and in the dietary areas are inadequate and this problem must be satisfactorily resolved.

   - Flies are present around the microwave unit in EMC, Building B.

   - In Dormitory #2, the screens are broken and flies are in the area. (Photos 4 & 5)

   - Flies are present on trays on the serving line in the kitchen. (Photo 21)

   - Dead roaches, bugs and droppings are in

evidence in a cabinet in the Bakery. (Photos 22 & 23)

- Roach droppings are in evidence in the portable food storage cabinet in the kitchen. (Photo 24)

- Flies are in and near the Hobart Mixer with cookie dough in it and on a table in the Bakery. The screen on the breezeway window is missing, thereby giving flies and other insects an entrance to the food preparation area. (Photo 25)

- A fly was noted on the table in the Bakery area.

- Flies are present in the food storage room. (Photo 26)

- Bugs, 1/4 to 1/2 inch in size, are visible in the container of long yellow grits. (Photo 27)

- Inmates complained of mice in Dormitory #3, however, there is no evidence to verify mice infestation in the area in question.

All such rodents and insects must be excluded from this facility through proper screening and pest control via licensed companies/personnel.

8. The lighting in several shower areas need bulb protectors or fixture covers. (Photo 29)

II. Dormitory Sanitation and Safety (Living Areas)

There are problems in these areas that need correction.

A. Sanitation Policies and Procedures

This includes the development of and subsequent staff training related to a "Housekeeping Policy and Procedure." I did not observe such a policy in this facility and personnel, when questioned, did not know of any such policy. Adequate policies and procedures need to be developed for the provision of cleaning supplies so that dormitory sanitation can be improved. This plan should include the provision of proper waste disposal containers, adequate sanitary supplies, and the provision of adequate equipment for cleaning purposes. These items

should be checked during weekly cell/dormitory inspections.

B. Lavatories

1. Adequate lavatories must be provided for good hygiene practices at the rate of one (1) fixture per twelve (12) inmates, 1:12. This is not the practice in several areas as noted below:

Location	No. of Lavatories	No. of Inmates	Provided Ratio	Needed Ratio
Dorm 1	3	64	1:22	1:12
Dorm 4	3	64	1:22	1:12

A total of six (6) lavatories must be provided for these areas.

2. Water temperatures at lavatories are not uniformly within the safe and sanitary temperatures of 100°-120°F.

Examples of this are as follows:

Aids Unit	93°F
EMC	90°F
Dormitory #9	90°F
Dormitory #3	92°F

There is a need to provide circulation pumps to distribute the water within the optimal temperature range of 100°-120°F.

C. Showers

The number of showers is inadequate for the number of inmates and the shower temperatures in this facility are not being adequately controlled within the range of 100°-120°F. Showers should be provided at the rate of one (1) shower for every eight (8) inmates.

Examples of these items are as follows:

1. In Dormitories #1 and #4, there is one shower for every sixteen (16) inmates.

2. In Dormitory #9, there is one non-functional shower head that must be repaired to provide showers at the ratio of 1:8.

3. One shower head is non-functional in Dormitory #2 and it must be repaired.

4. The water temperature in the showers in various dormitories are as follows:

Aids Unit	93°F
EMC	90°F
Dormitory #9	140°F

The 140°F temperature is very dangerous in that it can cause severe burns to those using these showers.

There is a need to provide circulating pumps for the water supply in order to deliver water to these areas within the operational range 100°-120°F.

D. Bedding and Mattresses

1. Purchase orders to determine the type of fire retardant treatment and fire resistant mattresses, pillows, and curtains provided in this facility were requested but never received. The Warden felt that these were regular curtains containing no special fire resistance. This information is needed to assess this issue properly.

2. Cracked and torn mattresses are in several areas, such as in Dormitory #2, and this creates sanitary and fire safety problems. They must be replaced (Photo 30).

E. Personal Hygiene Supplies

Many complaints, such as those received in Dormitory #3, indicated that an inadequate supply of toilet tissue was being provided. When I asked the correctional personnel about this, they told me that four rolls per person per month are provided. This seems hardly enough, especially in a women's facility.

F. Adequate and Clean Linen and Clothing

It appears that an adequate supply of linen and clothing is provided and there is the opportunity to exchange these items two times a week. Home style automatic washers are provided in several living units and this is an excellent assistance in terms of personal cleanliness and hygiene. Two washers were broken at the time of this visit and each was due to be repaired.

One complaint seems justified and I am sure with a minimum of forethought an easy and workable solution can be found. The inmates correctly pointed out that dryers are not provided for their use and that they have only one hour to hang their clothes out on the outside clothesline to dry. Drying of wet clothes is certainly a realistic expectation and one hour on the clothesline may not be adequate. Perhaps the prison staff and Warden can get together and arrive at a better way to handle clothes washed in the housing unit in utility sinks or washing machines. Again, the provision of these washing machines is a very desirable assistance in good personal hygiene and for which the prison administration should be commended for providing.

G. Overcrowding

There are at least four areas where overcrowding is apparent. Two areas, the dormitory for the aged and infirm and the AIDS Unit, both have forty-three (43) gross square feet per bed. Dormitories #4 and #9 have sixty (60) and seventy-seven (77) square feet per bed respectively. For the type of operation provided (in dormitory confinement exceeding ten hour per day) at this facility eighty (80) gross square feet of floor space per inmate should be provided with thirty-five (35) unencumbered square feet per inmate. Unencumbered means useable space not encumbered by furnishings or fixtures. Overcrowding in an area taxes the sanitation and hygiene facilities and increases the chances for and ease of disease transmission.

H. General

1. As noted previously screens are missing, torn and in generally bad repair throughout the facility and this affects sanitation and health in these areas.

   Examples of this are the screens which are missing and torn in Dormitory #1, the AIDS Housing Unit, and in the toilet room, shower room, and living areas of Dormitory #3. Institutional type screens have a better chance of not being ripped apart by inmates and will cut down on the number of insects noted throughout this facility and assist in dust control. (Photos 31 & 32)

2. In Dormitory #2, the hinge on the window in the shower area is broken and this presents an injury situation due to the danger of the window falling on an inmate. This must be repaired. (Photo 33)

III. Food Sanitation and Safety

Food sanitation practices in this facility are very poor in several areas as noted below.

A. Food Temperatures

1. On July 6, 1994, food temperatures were taken as food was being placed in trays at 9:15 a.m. and the results are as follows:

	Actual Temperature	Needed Temperature
Beans	120°F	>140°F
Gravy	134°F	>140°F
Meat	118°F	>140°F
Noodles & Cheese	112°F	>140°F
Milk	70°F	< 45°F

The temperatures noted above are inadequate for good food protection and could cause foodborne illness problems. These trays are destined for the segregation and health facility areas. Food must be kept hot, at or above 140°F, until served or cold, at or below 45°F, until served. The food is already out of the safe holding temperature zones and this is before the trays are brought to the healthcare and segregation areas.

2. The meat patty, on July 7, 1994, was 140°F on the serving line at 8:50 a.m. and the same meat patty is 120°F at 9:35 a.m. when served in trays in the health unit and segregation unit.

B. Food Holding Temperatures

1. All perishable foods are to be stored in freezers at or below 0°F or in refrigerators at or below 45°F. The temperature of the air and meat patties in Freezer #1 was 25°F.

2. The milk registered 48°F in the first walk-in cooler and this must be corrected to provide milk temperatures of 45°F or less.

C. Special Diets

1. Inmates complained about not getting any fruits, vegetables, or milk. Purchase orders from April, June and July, 1994, indicated that milk was being provided but whole milk purchases indicated only

about 1,800 units (1/2 pints) were purchased every five to six days and there are seven hundred and nineteen (719) inmates in this facility. This does not appear to be adequate. Powdered milk is also purchased but powdered milk is not whole milk and should not be represented as such.

2. Raisins (48 boxes), cans of fruit cocktail (24 cans), pineapple chunks (6 cans), and frozen blueberries (120 pounds) were noted as being purchased during April. Cans of applesauce and pineapple chunks were noted in the storeroom. Only small amounts of fresh fruits are present.

3. Some frozen okra and french fries are stored in Freezer #1 and cans of beans, peas, white potatoes, corn, and chopped mustard greens are stored in this facility. Very little fresh vegetables have been observed in this facility.

4. Clinical Diets

   I was told that inmates are informed by the Healthcare Unit personnel what their diet requests will be and the inmates then ask to receive their meals according to what they have been told.

   I was informed by kitchen personnel that no person is on sodium restricted diets, except Alice Health (my spelling). I also was informed by kitchen personnel that no salt is added to trays which is alright. They said no other special diets are being prepared.

   Two inmates indicated that they should be on special diets. One inmate told me she was a diabetic and was not getting her proper diet. Another inmate said she is supposed to be getting a salt restricted diet because she has high blood pressure and this is not occurring.

   There seems to be some discrepancies in the stories I was told. I was informed that Ms. Buchanan from Auburn performed some type of dietetic service but this was rather vague and not fully explained.

Documentation is needed to ensure that the institution's dietary allowances are being reviewed at least annually by a qualified nutritionist or dietician to make sure that menus meet the nationally recommended allowances for basic nutrition. Menu evaluations are to be conducted at least quarterly by institution food service supervisory

staff to verify adherence to the established basic daily servings. Clinical diets should be approved by a qualified nutritionist or dietician, documented accordingly, and prepared and served to inmates according to the orders of the treating physician, dentist, or responsible health authority official. Medical diet prescriptions should be specific and complete, furnished in writing to the food service manager, and rewritten monthly.

Policies indicating the initiation of the above procedures should be promptly and clearly prepared and implemented to avoid any possible problems as may be occurring at this facility at this time.

D. Food and Utensil Storage Practices

A forty (40) gallon size container had food in it without a lining in the container (Photo 27) and bugs were noted in the bulk food containers.

IV. Cleaning and Sanitizing Practices

A. Dirty Food Service Utensils and Equipment

1. After being told the large steam kettles were clean, black particles were observed in one unit and white particles were noted on the lid of another unit. The valves on the kettles were greasy and contained old food particles indicating inadequate cleaning and sanitizing procedures are being used. (Photo 34)

2. Three pans were selected from a group of pans that were said to be clean. All three pans had food particles in them. (Photos 35, 36, & 37)

3. Improper cleaning of cooking utensils is taking place. No detergent is being used in the first compartment of a three-compartment sink. An inmate said that they "just ran out." The manager brought forth a container clearly labeled "orange drink" but contained soap detergent, which generated suds when put in the first compartment of the three-compartment sink. Improper labeling is a dangerous practice. (Photos 38 & 39)

4. Improper sanitization practices are being conducted in the third compartment of the three-compartment sink in that sanitizing is supposed to be accomplished by 180°F water, however the maximum

water temperature that could be provided was 118°F not 180°F. I knew the temperature could not be 180°F as no "dip basket" was being used to submerge and retrieve food service utensils. As a corrective step, a chemical sanitizer can be used in the third compartment and the heating process abandoned. (Photo 40)

5. In another three-compartment sink, Ms. Leonard Lawyer told me that they use chlorine in the rinse (middle) compartment of the three-compartment sink. This is improper. The sanitizer should be placed in the third compartment of a three-compartment sink and the dipping of utensils in this compartment should be the last, not intermediate, step of this process.

B. Insanitary and Unsafe Conditions

1. Many floor tiles are missing and the floor is not smooth and easily cleanable in the dietary kitchen. (Photo 41)

2. Water is trapped under floor tiles such that when the tile is stepped on, a black liquid squirts out from under the tile in the kitchen. (Photo 42)

3. The floor is greasy and there is a soiled or stagnant water odor in the kitchen.

4. Because of floor drainage problems several years ago, the facility decided to cement the drains, which meant water has no place to drain and it settles under the floor tiles. Drains should be made operational and the floor tiles repaired to correct problems in this area.

5. Insects were noted throughout the food service area and in bulk food containers.

6. Ceiling tiles are missing over the hood in the kitchen and they need to be replaced to provide a smooth and easily cleanable ceiling assembly. (Photos 43 & 44)

7. There is an accumulation of dirt on the pipes in and over the hood in the kitchen.

8. In the bakery area, the drain for the lavatory is leaking into a bucket that has been placed under the sink. The leak must be repaired. (Photo 45)

9. The fan in the bakery area is 64" from the floor and the fan belt is not properly guarded to prevent accidents. This fan must be properly guarded. (Photo 25)

10. Food service training is needed and perhaps outside food sanitation experts should perform these services. I feel the full-time food service managers do not know or are not willing to carry out proper food service practices and, therefore, should not be training others.

V. Fire Safety

Life safety is inadequate in this facility because of a lack of consistent, up-to-date, adequate fire safety training, unknown flammability of curtains and mattresses, inadequate equipment checks and inspections, and inadequate fire drills. These items are exhibited by the items listed below.

A. Communication System

The local telephone system did not work when electrical power was lost at this facility. This seriously impacted this facility's ability to promptly notify the Wetumpka Fire Department in case of a fire. At first, it was thought the telephone system was not on the emergency generator circuit, however, it is. The uninterruptable power supply (UPS), which uses a battery for the computer switch, did not work because the battery was bad and removed two weeks earlier. I was told that bids were being requested for the battery, however such equipment should be put on a priority, emergency purchase request. I was told that the facility control desk uses a radio to call Staton Drapper Prison, who, it is said, calls for fire assistance from the Wetumpka Fire Department.

B. Smoke/Fire Detection and Alarm System (Also see "Communication System" above)

1. This facility is not adequately protected by a smoke detection system and/or sprinkler system. Single station smoke detectors are in the EMC Buildings #1 and #2, however they do not send a signal to the facility control desk or fire department. A person in Building A and/or B must telephone or radio the control desk to announce the activation of the smoke detector. The detectors in Buildings A and B were tested and they worked

properly. In the main building, smoke detectors are not being provided such as in Dormitories #1 and #2.

2. Mechanical drawings for this facility were quickly reviewed and fire dampers in the building ventilation system could not be located. Fire dampers are usually used in exhaust air systems, air intakes, air handling rooms and/or in fire partitions. This needs to be reviewed to determine if such dampers exist or are actually needed.

3. I was informed that Officer Wilson is the Fire Marshall for this facility, however Officer Wilson does not have written records of the smoke detector testing events. Such records must be kept.

4. I was not provided with, nor did I see, a policy on a "Smoke and Fire Detection System Preventive Maintenance Program."

5. No records are being kept on "flow tests" of the fire hose system. They should be routinely checked and recorded to make sure there are no problems with the system.

C. Emergency Power

1. I was told that the emergency generator is exercised three times per week. The log notations indicated the generator was exercised on May 13, 1994, from 7:05-7:30 a.m. and again on June 8, 1994, from 6:45-7:15 a.m. This is not three times per week.

2. The generator is not tested under full load conditions and this must occur at least quarterly or as per manufacturer's specifications and stated in a written policy and procedure for "Testing the Emergency Generator." These tests must also be accurately recorded.

3. No log is being kept which indicates when the fuel and oil levels are checked or the battery tested for the emergency generator.

4. If corrosives are used in this area, such as battery acid, then an eye wash fountain capable of providing flowing water for at least fifteen (15) minutes and meeting "ANSI Standards for Eye Wash Fountains" must be provided.

5. During an actual power outage, while inspecting this facility, the emergency generator did activate automatically. The emergency exit lights in the main building activated.

6. When the lights in EMC Buildings A and B were deactivated, two of the three emergency lights in Building B did not activate (work). One emergency light in Building A was very, very weak.

D. Standard Operating Procedures (SOP) for Monitoring Fire and Emergency Procedures.

1. This SOP requires the Fire Warden (who is, I was told, the same as the Fire Marshall and in reality is either Officer Wilson or Captain Brown) to perform weekly fire and safety inspections. Captain Brown was asked for January 1994 and May 1994 Fire Warden weekly inspection reports. Captain Brown said that to his knowledge there are no such inspection reports.

2. Captain Brown was asked "Do you make any other regular inspections, such as for cleanliness, electric iron power cords integrity, microwave leakages, toilet/lavatory leakage, or chains on windows?" The only records provided were dated August 26, 1993, and January 19 and 20, 1994. This hardly constitutes a regular inspection program as per the above noted SOP.

3. Fire response is very clumsy in this facility. The detecting officers report the nature and location of the fire to the Front Gate Office and determines if evacuation is necessary. The Front Gate Office then, by pushing all call buttons on the public address system, announces an emergency. The Front Gate Officer notifies the Wetumpka Fire Department at 567-5321. The Front Gate Office notifies the Captain and Warden. The shift commander determines if the fire alarm is to be sounded which carries with it the order to evacuate the building. It is the general duty of officers to report to a fire emergency. There is no organized fire response team equipped with self-contained breathing apparatuses or trained in their use so that emergency rescue or inmate releases can be accomplished even in a smoke filled facility.

Strong consideration must be given to providing such equipment and training in order to preserve life in such emergencies. The procedure above should be carefully reviewed with the fire authority having jurisdiction.

4. The Chapter IX "Standard Operating Procedure for Monitoring Fire and Emergency Procedures" calls for an "Inmate Fire Brigade," that brings fire extinguishers to the middle of the main corridor in the main portion of the prison.

The SOP designates four (4) color codes to signify different levels of an emergency.

"Code Amber" Incident in Progress	Continue normal operations Small fire, non-life threatening
"Code Yellow" Incident in Progress	Controlled fire Restrict inmate movement
"Code Blue" Emergency in Effect	Major uncontrolled fire that is life threatening
"Code Green"	Return to Normal Operations

It does not say who authorizes these codes and when and who activates them.

This operation is too cumbersome, confusing, and unnecessary, especially since corrections officers do not even know what the color codes mean.

A fire drill was announced at 11:35 a.m. by informing Officer Smith that a fire was now in progress in a certain portion of her dormitory. She was told to do everything as if this was a real fire. The only thing that was to be different from a real fire was that the fire department was not to be called. It took a full four minutes to open the evacuation door after the alarm sounded. All persons moved out of the dorm and the door to this area was left wide open for fire and smoke to escape the area, some fire extinguishers were put in the middle of the main corridor presumably by the "Inmate Fire Brigade" and they created an obstruction to orderly flow of people down the corridor. Further, "no one" retrieved the extinguishers for use. I asked Officer Smith if she knew what Codes Yellow and Amber meant and she replied that she thought it had something to do

with fire. She did not know what they meant and knew nothing about the SOP designating these codes.

At one dormitory, I noticed that the evacuation line was still in the main corridor long after all other units had evacuated. Ms. Shannetta Brown, of the United States Department of Justice, informed me that in the process of evacuation through Dormitory #6, an inmate in a wheelchair was found blocking the evacuation exit door and she could not move. Other officers noting the long line of people tried to move the line along but by the time the wheelchair had cleared the door, an "all clear" was given by "someone" at 11:43 a.m. At that time, at least seventy (70) inmates were still in the building and had never evacuated.

There is no "accessible" fire exit for wheelchair bound patients to use, especially the designated exit for the aged and infirm inmates. There is no ramp and three steps had to be negotiated.

5. From this very poor drill many observations can be made.

- Handicap accessibility at fire exits is lacking. Planning for such actions is necessary since the aged and infirm unit has many such patients.

- Supervision during these drills is very poor or the back-up situation would have been promptly corrected by moving inmates to another open exit.

- Apparently past fire drills did not include the evacuation of wheel chair bound inmates or the problem would have been noted and resolved by now.

- The moving of fire extinguishers to the middle of the hallway provided obstructions to egress and proved to be a waste of time because no one ever attempted to pick them up or use them.

- Color codes are too numerous to remember and will possibly confuse officers.

- An all clear was called with approximately seventy inmates still needing to evacuate.

6. In trying to find out what fire safety responsibilities were assigned to and carried out by whom, much confusion exists or at least was observed. I asked about the flammability of mattresses and curtains and no one could tell me. I was told Mr. Gordon Wright handled the testing and exercising of the generator. I was told that Officer Wilson who is supervised by Sergeant Nelson is the Fire Marshall. When asked who was the Fire Warden as noted in "Chapter IX a-3 Revised 4/22/94 Monitoring Fire and Emergency Procedures," I was told that probably is Officer Wilson. When I asked for the Fire Warden's weekly inspections, Captain Brown was said to be the Fire Warden and he performed these inspections. When asked, Captain Brown said he knew of no such inspections. I asked the Fire Marshall for records of fire alarm system testing (by an outside contractor) and I found out he does not have them, but Mr. Denis the Purchasing Manager gets them. The Fire Marshall never sees them and Mr. Denis just files them away. Mr. Gordon Wright said he cleans the few individual smoke detectors in the facility and pushes the test button but no records are kept. The Fire Marshall inspects the fire extinguishers and sends the records to Lieutenant Walker.

I have gleaned from this exercise that the fire safety program is in no way organized such that all the pieces of a "good fire safety" program can come together to determine what is good about the program and what is not properly functioning. So many people have a piece of the "fire safety pie" and no one knows what the other is doing. All portions of fire safety need to be organized under one person or one committee that meets to review all fire safety elements for compliance with state and local fire codes and prison policies and procedures.

The statements made above do not include the confusion involving training which will be covered in Section V-E, nor the inadequacies of fire drills and reports which will also be discussed in Section V-F.

E. Fire Safety Training

Fire safety training is poor. The methods of delivering such training are poorly organized and training is not consistently and effectively provided. The effort, at best, is disjointed.

1. The SOP containing the previously mentioned color codes obviously have not been taught to the correction staff.

Officer Smith is but one example of the responses I got when I asked about these codes.

2. In trying to find out who performs fire safety training, where such training is done, and when it is done, I encountered a remarkably confusing and mostly incomplete response. I was told Lieutenant Sandra Walker was the Training Officer but she does not do any training, especially relating to fire safety. Lieutenant Bridgeman said that one hour of training in safety is given but he does not remember any fire extinguisher training or self-contained breathing apparatus use training being provided. Lieutenant Walker said having fire drills was considered fire safety training. My response to this statement is that drills are evaluation to determine if fire safety training is being absorbed by those who already should have been trained. Drills are tests or evaluations of training.

   I was later informed by Lieutenant Owens that all officers go through Basic Academy training of one day (seven hours) and then three day on-the-job training at their hiring facility. Then they return to the Academy for the remainder of eight (8) weeks training, where, I am told, they receive three hours of fire and emergency procedure training and chemical safety. No fire extinguisher training specific to the institution where they will work is provided. No fire extinguisher training is provided at the Tutweiler Facility as per Lieutenant Walker, the Training Officer.

   The lack of training is evidenced by the Food Service Manager, Mr. Patterson, not knowing how to activate the fire suppression system by the "remote pull" in the dietary facility. I showed him the "remote pull." Also, when questioned, Correctional Officer Rudolph did not know what type of fires the ABC extinguisher could effectively extinguish. Officer Rudolph did not know that the ABC extinguisher could put out chemical or electrical fires. Officer Rudolph said that no fire extinguisher training had been provided since the training originally provided as a new employee in 1981.

   Lieutenant Woodall said that after twelve months, officers start advanced training which is done each quarter. He sends dates of training and Tutweiler sends to him names of people to be trained. Forty hours of training was supposed to have been taught, but from 1988 to 1991, training was provided at each institution and Tutweiler personnel have already stated they did no on-site training (drills only).

In 1992 and 1993, twenty-four hours of training was started but no fire safety, chemical safety or disaster preparedness training was taught. In January of 1994, forty hours of training started again, however Lieutenant Woodall said physical safety, emergency preparedness, fire safety, and bloodborne pathogens precautions are not being taught. He did not know if chemical safety was being taught. The records of employees Shederick, Abner, and Killbee were given a quick perusal as allowed by Lieutenant Woodall and since 1989 only HIV updates have been accomplished. No records were provided for an extensive review, but the records reviewed indicated that fire safety, emergency preparedness, and chemical safety training were not a priority issue and were not provided on any type of consistent basis. This lack of training was exhibited in the fire drill and when staff were questioned as to their knowledge about fire extinguishers.

F. Fire Drills

Fire drill reports from July 1993 to April 1994 indicate that all fire drills are performed between the hours of 4:30 p.m. and 7:30 p.m., except one (1) drill was held in the clothing plant at 10:50 a.m. on January 19, 1994. Drill should be held on all shifts and in all areas of this facility including the administrative areas.

The fire drill reports only state the starting and stopping time. No evacuation notes, no head counts, and no names of those who responded to the alarm is ever recorded. By looking at the reports, it appears that this facility never had any fire drill problems and the drills all appeared to have been carried out perfectly. I believe, more realistic, unannounced drills should be carried out and monitors assigned to determine if the drill is carried out correctly. The reports are not creditable and are not adequate to meet minimum fire safety levels.

G. Combustible storage in rooms at the back of the dorms, in some instances, were stacked with combustibles thereby creating a fire hazard.

Examples of this are the rooms in Dormitories #1, #3, and #4, which are packed with combustibles such as boxes, papers, and furniture. The housekeeping in these areas must be improved. (Photo 46)

H. Hot Work Permit

A "Hot Works" Permit system that helps control smoldering fires needs to be implemented at this facility. Please note Attachment #1 which provides the form and safety rules needed to obtain a permit. Before any burning, welding, or cutting is performed in the prison facilities, a permit needs to be secured from a central point (Maintenance, Correctional Facility Front Office, or the Warden's Office) and returned after the job is completed or at the end of a day. Later, jail personnel can check the area to make sure no smoldering fires remain. A flame arrester is needed on the cutting torch. (Photo 47)

I. Key Control

The emergency keys offer an access vulnerability that will be discussed at a later date. Also, all emergency keys are not on one set and the exit keys are not notched or color coded for easy identification. The keys seem not to be in a secure location.

J. The oxygen cylinders in the medical area are not being properly supported so they will not fall. Such falls could break the valves on these units and cause a physical and possible fire hazard. (Photo 48)

VI. Laundry Area

All contaminated laundry is sent to Staton Drapper for cleaning. No one knows if the truck that picks up soiled linen is sanitized before clean linen is transported. Properly colored bags are used for contaminated linen.

VII. Chemical Safety

A "Right to Know" Program must be initiated to protect employees and inmates. An inventory of all toxic, flammable, reactive, and radioactive materials needs to be developed. Those who use these chemicals must be trained in their purpose and how to respond properly to an emergency. Material Safety Data Sheets (MSDS) for hazardous chemicals must be maintained at all work sites. I was told that perhaps Mr. Denis, the Business Manager, kept the MSDSs. He said he did not.

A full "Right to Know" Program must be implemented.

VIII. Asbestos Management

I was told that Mr. Billy Johnson has the "Asbestos Management Plans," but I was not given the opportunity to review the Management Plans, if they exist. Certain sections of what appeared to be asbestos in the mechanical equipment room was in poor repair. (Photo 49)

IX. Bloodborne Pathogens

Lieutenant Owens said blood and body fluids spill responses are taught during basic training. The procedures to clean up a spill need to be improved. The information I reviewed did not instruct anyone as to the steps to take to clean up properly a blood or body fluid spill.

X. Disaster Preparedness

Written emergency procedures need to be developed for tornados, hurricanes, flooding, and fires and any other potential disasters. All employees need to be trained as to how to operate under emergency conditions.

XI. Vocational School (Next Door)

There was some question as to our ability to inspect the School Workshops, however, I noticed several serious problems and they are noted below.

A. All fire extinguishers checked in the Building Trades Shop and the Automotive Shop indicated the last inspection was performed in April 1993, more than one year ago. The standard calls for yearly inspections by experienced personnel. (Photos 50 & 51)

B. The fire extinguishers should be checked monthly to make sure they are in place, charged, and not damaged. Indication of such checks should be documented on the fire extinguisher tag. The name or initials of the inspecting person and the date inspected should be recorded on the tag or in a log book. (Photos 50 & 51)

C. A fan in the Automotive Shop had guard openings 8" X 2½" and this is not adequate for proper protection. (Photo 52) The maximum opening shall be no greater than one-half (½) inch.

D. Acetylene and Oxygen gas cylinders are being stored together. They must be stored at least twenty-five feet

apart or a one-hour wall at least five feet high needs to be erected to prevent an accident from occurring.

E. In the Welding Shop, two smoke eaters are placed at the ceiling, however toxic smoke must pass the breathing zone of those welding in order to be exhausted out of the building. Smoke should be captured by a flexible duct capture hood at the point of welding or by a slot hood and exhausted to the outside atmosphere. (Photo 53)

F. The eye wash provided is woefully inadequate and a proper type that meets OSHA and ANSI Standards is needed. It must provide running water for at least fifteen minutes.

G. Flash arresters must be provided for mobile gas welding units. (Photo 47)

Conclusion

In conclusion, I feel that general sanitation, cell sanitation and safety, food sanitation, and fire safety are in such poor condition, that the inmates' health and life safety are being jeopardized. Corrections to these problems must be implemented as soon as possible.

EQUIPMENT LIST

1. Light Meter: General Electric Type 214 Light Meter, Footcandle Range 10-50, 50-250, 200-1000 fc. General Electric, Nela Park, Cleveland, OH 44112 or

   Photo-meter 1, Digital Footcandle/Foot Lambert meter; Range .01-99,000 fc: Quantum Instruments, Inc., Garden City, N.Y. 11530.

2. Airflow Meter: Alnor Velometer, Jr.; Hi/Low Range 0-200 and 0-800 fpm.: Distributed by MSA Co., Pittsburgh, PA 15205 or

   Kurz Air Flow Meter, Model 441S-R, Serial No. VP3541. Kurz Instruments, Inc., 2411 Garden Road, Monterey, CA 93940.

3. Noise Meter: General Radio, Model GR 1565-B-Sound Level Meter and Type 1562-Sound Level Calibrator. General Radio Company, Concord, MA 01742.

4. Smoke Tubes with Bulbs: Drager Smoke Tubes

5. pH Paper Acid-Base: pHydrion INSTA-CHEK 0-13 JUMBO. (See below.)

6. pH Paper-Chlorine: Strips; pHydrion Micro-Chlorine, Cat. No. CM 240; Range (light to dark) 10-50-100-200 ppm: Micro Essential Laboratory, Brooklyn, N.Y. 11210.

Temp. Dishwashing Strips: Thermolable Temperature Sensitive Tape; Range 160°F/71°C: Paper Thermometers Co., P.O. Box 129, Greenfield, NH 03047.

8. Electrical Oulet Tester: Daniel Woodhead Model #1760 Tension Tester. Daniel Woodhead Co., 3411 Woodhead Drive, Northbrook, IL 60062.

   ETCON Receptacle/GFI Tester, Cat. No. CT 101. ETCON Corp., Burr Ridge, IL. 60521.

9. Microwave Tester: Micro-Detector; Econmetrics, P.O. Box 206, North Hollywood, CA 91603.

10. Smoke Detector Tester: Model No. 25 S, FM approved. Home Safeguard Ind., Security Products Division, PO Box 4073, Malibu, CA. 90265.

11. Alcohol Swabs: PDI Alcohol Prep Rad, 70% Isopropyl Alcohol: Professional Disposables, Inc., Orangeburg, NY 10962.

12. Camera: 35 mm, Flash, and Black and White Film.

13. Taylor Dial Thermometer: Taylor Bi-Therm; Range 0°F - 220°F: Pre-Calibrated and Post-Calibrated using 2 quarts of water boiling - set at 212°F and with 10 oz. of water plus 10 ice cubes - set at 32°F (5 min. at roaring boil and 5 min standing with ice cubes before reading and adjusting).

14. Miscellaneous: Tape Measure (12 Ft.), Plastic Bags, Scissors, Calculator, Ear Plugs, Safety Glasses-goggles/gloves, Marks-a-Lots, Hemostats.

FOR WELDING AND CUTTING OPERATIONS
OUTSIDE OF THE WELDING SHOP

CUTTING-WELDING-HOT WORK PERMIT

IMPORTANT: Precautions on reverse side must be followed.

Date _____

Building & Dept. _____

Floor & Room No. _____

Time Started _____ Estimated Completion Date/Time _____

Work Done _____

_____

_____

_____

If Fire Occurs, Phone Security at _____
and Activate the Building Fire Alarm

Foreman _____

Shop & Dept _____

Signature of
Responsible Employee _____

COPIES TO: *Security,*
Maintenance.

SEE OTHER SIDE

DANGER
PREVENT FIRES

DO NOT CUT, WELD, OR USE OTHER OPEN-FLAME OR SPARK-PRODUCING EQUIPMENT UNTIL THE FOLLOWING PRECAUTIONS HAVE BEEN TAKEN:

The location where the work is to be done has been personally examined.

1. Sprinklers, if provided, are operational and will not be shutdown until this work has been completed.
2. There are no flammable or combustible materials in the work area. Drums, tanks, equipment, or other containers in the area previously containing such materials have been properly purged.
3. Work will be confined to the area or equipment specified in the permit.
4. Floors and surroundings have been swept clean. Wood floors have been wet down or properly covered with flame retardant covers.
5. Adequate portable fire extinguishers have been provided and fire hoses, if available, are accessible and operational.
6. All combustibles have been located 25 feet from the work area or properly covered with metal guards or flame retardant covers.
7. All floor and wall openings within 25 feet of the work area have been properly covered.
8. A responsible worker has been assigned to watch for sparks in the area and on the floors above and below.
9. Flame or spark-producing equipment to be used has been inspected, found to be in good repair, and contains all safety devices.
10. A copy of this permit will be hand carried to Security so that a patrol of the area can be made at least one hour after hot work has been completed for the day.

Date and Time of Site Inspection by Security _____

_____

ENVIRONMENTAL HEALTH & SAFETY PHOTOLOG			
NAME OF FACILITY: Tutwiler Women's Prison.			
LOCATION: Montgomery, ALABAMA			
NO.	DATE 1994	LOCATION	SUBJECT
1	9-(6,98)	Doam # 2	Improper Wiring of outlet
2	"	Doam # 4	No Tension on ground prong
3	"	Doam # 4	" " " " "
4	"	Doam Area.	Missing. and torn Screens
5	"	Doam Area	" " " "
6	"	AIDS UNIT	Obstructed air Vent.
7	"	Doam # 3	No Vacuum Breaker on Hose Bib
8	"	Doam # - Mop Closet	Submerged Inlet & No Vacuum Breaker
9	"	Boiler Room Area	Hose Bib - No Vacuum Breaker.
10	"	Kitchen - New Kettles	Control Valve downstream of Vac. Breaker.
11	"	" " "	" " " " " "
12	"	EMC Building A & B	Microorganism (mold) growth on shower mats
13	"	Doam # 3	Peeling Paint in the shower Area
14	"	Other Doam Areas	Peeling Paint in the shower Area
*17	"	" " "	Peeling Paint in Living Areas.
18	"	Doam # 9	Ceiling tile wet & falling.
19	"	" "	" " "
20	"	Boiler Room / Storage Room	Water Standing in area - Inadequate Drainage.
21	"	Kitchen Area	Flies noted on Trays on Serving line
22	"	Kitchen / Bakery	Dead Roaches, bugs & droppings.
23	"	" "	" " " "
24	"	Kitchen - Seated to Food Court	Roach / bug droppings
25	"	Kitchen - Bakery	Unscreened fan opening - Flies noted.
26	"	Kitchen - Storage Room	Fly on food container lid.
27	"	Kitchen Area - Storage Container	Small bugs noted in yellow grits.
**28	"	NO PHOTO	——— MISNumbered.
29	"	Doam Shower	No protectors on Covers on Ple. Lights & Peeling Paint.
30	"	Doam # 2	Cracked & torn Mattress Covers.

* Photo # 15 and 16 were misnumbered (No Photos)

** Photo #28 misNumbered - (No Photo)

ENVIRONMENTAL HEALTH & SAFETY PHOTOLOG

NAME OF FACILITY: Tutwiler Women's Prison

LOCATION: Montgomery, ALABAMA

NO.	DATE 1994	LOCATION	SUBJECT
31	7-(6,7,8)	Dorm Area	Screens Missing.
32	"	" "	" "
33	"	Dorm # 2 Shower Rm	Broken Window Hinge.
34	"	Kitchen - Kettle	Broken top - Food & black & white frost [illegible] on lid,
35	"	Kitchen - Cooking Pans	Food on 3 clean pans.
36	"	" " "	"
37	"	" " "	"
38	"	Kitchen - 3 comp. Sink	Heating Element in 3rd Comp. / No soap in 1st Compartment.
39	"	Kitchen.	Improperly labeled Orange Drink Mix = Soap,
40	"	Kitchen 3rd Compartment	Heating Element in 3rd Compartment
41	"	Bakery Area	Floor Tiles - bad Repair Missing
42	"	Kitchen Cooking Area	Black Water coming up from under Tiles on Floor.
43	"	Kitchen	Ceiling Tiles Stained & Missing over hood,
44	"	Kitchen	" " " " " "
45	"	Bakery Area - Toilet Rm.	Lavatory drain leaking - Bucket under drain,
46	"	Dorm - Storage Rms.	High Combustible load - Housekeeping Poor.
47	"	School - Welding Shop	No Flash Arrester on Welding Unit,
48	"	Medical Unit	Compressed Gas Cylinders Not Chained,
49	"	Boiler Room Area	Asbestos on Pipe - Poor Repair
50	"	School - Auto Shop Area	Inspection Tag - April 1993 - No monthly inspections noted.
51	"	" "	" " " " "
52	"	School - Auto Shop FAN	FAN Guard openings too large
53	"	Welding Area - School	Smoke passes breathing zone of Welders to get to Ceiling Vent System.