



IPOA FORM 30R

(r. 131)

## DIGITAL OB INSPECTION FORM

Officers conducting the inspection:	Police Premise / Facility:	Date and Time:	
County:		Officer in Charge of Premise:	
Sub-County		Contacts : Tel: Box No.	
Type of inspections	1) Initial full 2) Follow Up inspection		
<b>AVAILABILITY OF DIGITAL OCCURRENCE BOOK</b>			
NECESSARY INFRASTRUCTURE.	YES (1)	NO (0)	REMARKS
Is there lighting in the facility?	Yes (1)	No (0)	
How is it provided	Solar (1) Electricity (2) Generator (3) Kerosene Lamps (4) others (specify): (5)		
Is there internet connectivity at the Station	Yes (1)	No (0)	
How is the internet accessed at the facility?	Modem(1), Wi-Fi(2), Personal internet (3) others (specify): (4)		
AVAILABILITY OF DIGITAL OCCURRENCE BOOK	YES(1)	No(0)	
Is the digital OB available at the facility?	Yes (1)	No (0)	
When was the digital OB installed?(Year)			
Is the Digital OB in use at the Station level?	Yes (1)	No (0)	
Is the Digital OB in use at the Station's Posts and Patrol Bases? If yes, name the posts and patrol bases.	Yes (1)	No(0)	
What challenges have you experienced while using the digital OB?			

In case the Digital OB is not functional, what occasioned the failure?			
What improvements do you recommend to enhance the efficiency of the digital OB?			
Based on your experience has the digital OB Improved Service Delivery?	Yes(1)	No(0)	
What improvements has the digital OB brought at the Station since its installation?			
Is there frequent engagement with the NPS leadership on the implementation and functioning of the Digital OB.	Yes(1)	No(0)	
<b>HARDWARE/SOFTWARE</b>	<b>YES (1)</b>	<b>No (0)</b>	<b>REMARKS</b>
Is the computer hosting the digital OB serviceable?	Yes (1)	No(0)	
Does the computer have an active anti-virus?	Yes (1)	No(0)	
Is there a backup for the Digital OB?	Yes (1)	No(0)	
<b>TRAINING ON USE OF DIGITAL OCCURRENCE BOOK</b>	<b>YES (1)</b>	<b>No (0)</b>	
Have you been trained on how to use the digital OB?	Yes (1)	No (0)	
How many officers have undergone training on the use of digital OB?	Male	Female	
Is this number sufficient based on the operations of the Station?	Yes (1)	No (0)	
<b>USE OF DIGITAL OB IN COURT</b>		<b>REMARKS</b>	
Has the Digital OB been produced in court as evidence?	Yes (1) No (0)		
What challenges are associated with its production as evidence?			
How can the challenges be resolved?			
<b>OFFICERS CONCERNS/ ISSUES</b>			
List all officers concerns/issues and challenges they face in order of their priority			
i.			
ii.			
iii.			

<b>OTHER GENERAL OBSERVATIONS BY THE INSPECTORS</b>			
<b>RECOMMENDATIONS AND FEEDBACK TO THE OFFICER IN CHARGE OF STATION</b>			
S/No.	RECOMMENDATIONS MADE	TIMELINE FOR ACTION	REMARKS BY OFFICER INCHARGE (if any)
<b>CONFIRMED BY:</b> NAME OF OCS..... SIGNATURE: ..... DATE: .....			
<b>APPROVED BY: (team leader)</b>		<b>CHECKED BY;(supervisor)</b>	
<b>DATE:</b>		<b>DATE:</b>	
<b>Signature:</b>		<b>Signature:</b>	