



IPOA FORM 30D

(r. 131)

SPECIALISED UNITS INSPECTION FORM

1.	Introduction				
Officers conducting the inspection:		Police Premise / Facility:		Date and Time:	
1.					
2.					
3.					
County:				Officer in Charge of Premise:	
Sub-County:				Contacts : Tel:	
Police Division				Box No.	
Types of inspections:					
1.	Initial full (own motion)				
2.	Initial thematic (own motion)				
3.	Complaint				
4.	Referral from other agency				
5.	Follow up				
2. Infrastructure of the Facility/unit:					
Availability		Yes	No	How is it Accessed	Remarks
Electricity				Solar (1) Electricity (2) Generator (3) Kerosene Lamps (4) Others (Specify): (5)	
Water				Buying (1) Piped Water (2) Borehole (3) Water Harvesting (4) Others (5)	
Report Office					
Disability access					
Perimeter fence					
Manned gate					

3. Personnel and Deployment

<i>Strength</i>		<i>Establishment</i>		<i>Remarks</i>
Male:		Male:		
Female:		Female:		
DEPLOYMENT				
Popular Areas of Deployment		Sentry duties (1)		
		Escort duties (2)		
		Guard (3)		
		Customer care (4)		
		Crowd control(5)		
		Anti-stock theft operations(6)		
		Others specify (5)		

4. Personnel Training

I (a) Do officers undergo training? Yes No

(b) Is the criteria for selection of the Officers for these courses as per the National Police Service Standing Orders (SSO)? Yes No

(c) If not explain your answer in (b) above.

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(d) Suggest other courses you feel your officers may want to undertake.

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Tooling and Equipment:

		<i>Availability</i>		<i>Serviceable</i>		<i>Fuel allocation/day</i>		<i>Make/Type</i>		<i>Remarks</i>	
		Yes	No	Yes	No						
Motor vehicles											
Water Canons											
Armored Personnel couriers (APCs)											
Motor Cycles											
Generators											
Stationary Plants(Masts, Fuel stations etc.)											
Communication gadgets											
Animals	Horses										
	Donkeys										
	Camels										
	Police dogs										
		<i>Availability</i>		<i>Sufficient</i>		<i>Missing Pieces</i>				<i>Remarks</i>	
		Yes	No	Yes	No						
Stores	Uniforms										
	Bullet Proof vests										
	Anti-Riot Gear										
	Batons										
	Helmets										
	Shields										
Food Supply	Ration										
	Others										

6. Records management

		<i>Availability</i>		<i>Correctly entered</i>		<i>Updated</i>		<i>Neatness</i>		<i>Remarks</i>	
		Yes	No	Yes	No	Yes	No	Yes	No		
Occurrence Book											
Arms Movement Register											

	Availability		Correctly entered		Updated		Neatness		Remarks
	Yes	No	Yes	No	Yes	No	Yes	No	
Defaulter Register									
Duty Register									
Weekly Duty Roster									
Exhibit Register									
Patrol Register									
Complaints against Police Register									
Petrol Register									
Diesel Register									
Oil Register									

8. General Administration:

Office Equipment	Availability		Neatness		Maintenance			Storage			Remarks
	Yes	No	Yes	No	Well	Fair	Poor	Good	Fair	Poor	
Computers											
Type writers											
Printers											
Furniture											
General Records											
metal Boxes											
Cabinets											
Reports & Returns											
Quarterly/Monthly											
Annual Returns											

	AVAILABILITY				Remarks
	Yes	No	Yes	No	
Map of Area of	GPS				
Jurisdiction	Paper Maps				
Reform	Ransley Report				
Documents	Service Strategic Plan				
	Code of Conduct				

		AVAILABILITY		Remarks
		Yes	No	
	Customer Care			
	Handbook			
				9

Legal Documents	The Constitution
	NPS Act
	NPSC Act
	IPOA Act
	Service Standing Orders (SSOs)
Sporting and Recreational Facilities	
Canteen & Welfare	

10. Is there collaboration and cooperation with:

(a) Local Communities? Yes No

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(b) Security agencies (KDF, KWS, KFS, NPR etc.)? Yes No

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11. What are the operational achievements of this unit?

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12. Do you conduct physical fitness trainings? Yes No

13. Officers concerns and issues

List of all officers concerns/issues and challenges they face in order of their priority

1.	
2.	
3.	
4.	
5.	
6.	
7.	

14. General observation by the inspectors

15. Feedback to the officer in charge.

RECOMMENDATIONS AND FEEDBACK TO THE OFFICER IN CHARGE

S/No.	Recommendations made	Timeline for action	Remarks by officer In-charge (<i>if any</i>)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			

Confirmed by:.....	
Name of officer in-charge:	
Signature.....	
Date 20.....	
Approved by:(<i>Team Leader</i>)	Checked by:(<i>Supervisor</i>)
Date20	Date..... 20.....
Signature.....	Signature