

**ATTACHMENT 1
LIST OF MACHINERY**

NCCF Print Shop Equipment	Manufactured Date
Apple-Server #07076660	2005
Apple-Server #4074808r0gp	2005
Bailer-vertical #09066830	2000
Champion 305mc-paper cutter #509188	1970
Collating tower vac100-a #020011	2000
Collating tower vac100-c #020507	2000
Collating tower vac100-m #020340	2000
Collating tower vac100-m #020341	2000
52-DI 4-Color	2010
Envision plotter #577020	2000
Face trimmer fc20-a #010008	2000
Jet Press- 3" #6195	1991
NS rotary vacuum collator #46326	2000
Offset Perfection printing press #575148	1990
Offset Kord #344843	1975
Offset press-washer #65731	1991
RIP: Dimension, Harlequin, Momentum	2019
Ryobi 4 Color Press	2000
Ryobi 2 Color Press	1991
Printing Press GTO	1991
Receding stacker st20-r #052215	1990
Rellem-numbering Machine #y/290/92	1980
Stitcher/folder spf20-a #010007	2010
AB DICK 9800 #2	1991
AB DICK 9800 #3	1991
AB DICK 9800 #4	1991
AB DICK 9800 #5	1991
AB Dick 9900 #6	1991
AB Dick 9900 #7	1991
AB Dick 9900 #8	1991
Offset press w/power spray #65734 #9	1991
Offset press w/power spray #65953 #10	1991
Coil Binder	2000
Comb Binder	2000
Padding and Gluing Towers	2015
Challenge Hydraulic Double Round Cornering Machine	1985
Challenge Hydraulic Single Round Cornering Machine	1985
Stahl Folder with Rollaway	2010
Standard Horizon BQ-270 Perfect Binder	2010
Challenge 3-Hole Hydraulic Paper Drill #1	2020
Challenge 3-Hole Hydraulic Paper Drill #2	1980
Challenge 3-Hole Hydraulic Paper Drill #3	1980

**ATTACHMENT 1
LIST OF MACHINERY**

Acme Interlake Wire Stitcher	1990
Standard Deluxe HD M30 Wire Stitcher	2010
Hand Fed Laminating 2 1/4" Core Machine #1	2010
Auto Pile Laminating 3" CoreMachine #2	2015
Laminator w/Auto Trim	2010
Semi Automatic Shrink Wrapper #1	2000
Semi Automatic Shrink Wrapper #2	2000
Rollem Scoring and Perforating Machine	1980
PLATE MAKER #58-1181	2008
PLATE MAKER #58-1182	2008
DIMENSION 450 CTP SYS #6128AL	2010
ANTHEM PLATE WASHER STACKER #4235	2010
HEIDELBERG-HIGH SPEED PAPER CUTTER #863	2017
CANON COLOR COPIER	2024
CANON B&W COPIER	2024
Fiery Workstation	2024



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

Custody Facility Clearance Application



Applicant's Name: _____

CDL# _____

Please review the below disqualification criteria prior to completion:

- Is currently on Probation or Parole (County, State, or Federal)
- Registered as a sex offender, narcotics offender, or arson offender
- Have been convicted and incarcerated in any Federal prison, State prison, or County jail within the last 7 years
- Are currently listed as a restrained person on a Protective Order/Restraining Order
- Have had an affiliation with a criminal street gang or any person of notorious reputation within the last 15 years
- Have active warrants or pending criminal cases
- Have used any controlled substance without a physician's prescription within the last 5 years
- Have attempted to escape or been convicted of aiding and abetting an escape from any Federal prison, State prison or County jail
- Have a lengthy history of criminal offenses
- Have a felony conviction pursuant to Penal Code 1192.7(c) and/or; misdemeanor conviction pursuant to Penal Code 667.5(c) which may include but are not limited to:
 - Murder or Attempted Murder within the last 15 years
 - Weapons law violation within the last 15 years
 - A serious or violent felony, including charges that were considered serious or violent and or categorized as a serious or violent felony at the time of conviction, within the last 15 years, or convicted of a serious or violent misdemeanor within the last 3 years
 - Possession of a controlled substance for sale within the last 15 years
 - Assault on a Peace Officer/Emergency Personnel within the last 15 years
 - Engaging in sexual abuse in a prison, jail, lock-up, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)
 - Engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or been civilly or administratively adjudicated to have engaged in the activity described in this section
 - Bringing a controlled substance or unauthorized item into a Federal prison, State prison, or County jail.
 - Presents any safety and security concerns that warrant denying a security clearance per the unit commander's discretion.

Requesting Clearance Unit: _____ **Program/Project Name (IF APPLICABLE):** _____

LASD Sponsor (Sgt. or above): _____ **Employee #:** _____ **Date:** _____

Program Contact / Project Coordinator (Please Print): _____ **Phone #:** _____

(DHS/CHS Only) **Position Applying For:** _____ **Custody Badge Recipient: Yes** ____ **No** ____

Authorized DHS/CHS Sponsor (Please Print & Sign Name): _____

Facility Access: **MCJ** **CRDF** **TTCF** **EAST** **SOUTH** **NCCF** **NORTH** **IRC** **ALL**

(Please Select) **Escort:** _____ **Non-Escort:** _____ **Attorney Room** _____ Revised 4/29/2025



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

Custody Facility Clearance Application



Please read all instructions thoroughly prior to filling out application

Do not leave any sections blank in the subject area

If the section does not apply, place an "N/A" in the appropriate box.

Please print clearly. Incomplete applications will not be processed.

A **color copy** of your driver's license or government issued ID card **must** be submitted with this application.

APPLICANT INFORMATION: (NO P.O BOX ADDRESS)

LAST NAME, FIRST NAME, MIDDLE NAME:

CURRENT ADDRESS:

CITY:	STATE:	ZIP:
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DRIVERS LICENSE #:	DATE OF BIRTH:	SOCIAL SECURITY #:
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HOME PHONE:	CELL PHONE:	WORK PHONE:
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EMAIL ADDRESS:

MARITAL STATUS:	SPOUSE/PARTNER NAME:	SPOUSE/PARTNER PHONE#
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CURRENT EMPLOYMENT INFORMATION

EMPLOYER NAME:

EMPLOYER ADDRESS:

CITY:	STATE:	ZIP CODE:
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PHONE:	SUPERVISOR NAME:	HOW LONG?:
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EMERGENCY CONTACT

FIRST NAME: LAST NAME:

HOME ADDRESS:

CITY:	STATE:	ZIP CODE:
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PHONE:	E-MAIL:	RELATION:
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LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
Custody Facility Clearance Application



CRIMINAL BACKGROUND (IF APPLICABLE)

HAS ANYONE YOU CURRENTLY LIVE WITH OR LIVED WITH IN THE LAST 5 YEARS BEEN ARRESTED OR CURRENTLY SERVING TIME IN JAIL / PRISON? IF YES, PLEASE EXPLAIN:

ARE YOU ASSOCIATED WITH ANYONE CURRENTLY INCARCERATED IN JAIL/PRISON? IF YES, PLEASE EXPLAIN (NAME, RELATIONSHIP, ETC.):

ARE YOU OR ANY OF YOUR FAMILY MEMBERS RELATED TO OR AFFILIATED WITH GANG MEMBERS? IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN ACCUSED OF SEXUAL ABUSE? IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN ACCUSED OF SEXUAL HARASSMENT? IF YES, PLEASE EXPLAIN:

HAVE YOU EVER USED DRUGS? IF YES, WHEN WAS THE LAST TIME YOU USED DRUGS? PLEASE EXPLAIN (BE SPECIFIC) :



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

Custody Facility Clearance Application



ARREST/DETENTION INFORMATION

*Either as an adult or a juvenile, have you ever been detained for investigation, named as a suspect in a police report, held on suspicion, questioned, fingerprinted, or arrested by any law enforcement agency or military authority? **Please include expungements***

DATE:	CHARGE:
AGENCY:	PENALTY
DATE:	CHARGE:
AGENCY:	PENALTY
DATE:	CHARGE:
AGENCY:	PENALTY

EXPLANATION OF PRIOR OR ADDITIONAL ARRESTS, EXPUNGEMENTS, ETC:

HAS ANYONE EVER CALLED THE POLICE ON OR ABOUT YOU? IF YES, EXPLAIN:

ARE YOU NOW OR, HAVE YOU EVER BEEN ASSOCIATED WITH ANY ORGANIZATIONS, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ENGAGE IN CIVIL DISOBEDIENCE AS A METHOD TO ACHIEVE SOCIAL CHANGE? IF YES, PLEASE EXPLAIN:

HAVE YOU EVER PARTICIPATED IN AN UNLAWFUL DEMONSTRATION? IF YES, PLEASE EXPLAIN:

HAVE YOU EVER PREVIOUSLY APPLIED FOR OR BEEN DENIED ACCESS TO A CUSTODY FACILITY? YES ____ NO ____
IF YES, PLEASE EXPLAIN:



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

Custody Facility Clearance Application



ACCEPTANCE AND TERMINATION FROM THE PROGRAM

I have applied for security clearance into The Los Angeles County Sheriff's Department Custody Facilities.

I acknowledge that I am not considered a compensated employee of the Los Angeles County Sheriff's Department. Notwithstanding any other provisions or statements to the contrary, I may be suspended, or terminated/dismissed at the order of the Los Angeles County Sheriff's Department without cause of any kind.

I authorize the release to read, review, or photocopy any documents to assess my suitability to enter any jail facility within The Los Angeles County Sheriff's Department. This includes, but not limited to Arrest Records, Probation/Parole Records, Booking Records, Traffic Convictions, and Jail/Custody information. I understand any omission of the requested information, offered misstatements, or untruthful statements provided on the current application are an automatic disqualification.

I authorize the full disclosure of any and all information that you may have concerning me, including information of confidential or privileged nature to a duly authorized agent of the Los Angeles County Sheriff's Department.

Upon approval of my security clearance application, I agree to attend an orientation class regarding custody facility safety and jail policies & procedures. I am aware any violation of the policies set forth may result in my access revoked into all facilities.

I HAVE READ, UNDERSTAND AND ACCEPT THE TERMS OF THIS AGREEMENT.

APPLICANT'S PRINTED NAME :

(Last)

(First)

(Middle)

APPLICANT'S SIGNATURE:

Date: ____/____/____

***** PLEASE READ *****

Long Term Security Clearances are effective for two (2) years from the date of approval. The unit or bureau sponsoring the non-Department person's security clearance is responsible for notifying RVS of any changes to the clearance and for requesting any extension of the clearance beyond the standard two (2) year period.



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT



Custody Facility Clearance Application

Type of Access (circle one):	<i>One Day/Short Term</i>	<i>Religious Volunteer / Clergy</i>
Fill in the following sections	(1, 2 & 4)	(1, 3 & 4)



Application must be submitted with a color copy of the applicant's Driver's License or Identification Card (7) business days prior to visit

Please review the below disqualification criteria for all applicants prior to completion:

- Is currently on Probation or Parole (County, State, or Federal)
- Registered as a sex offender, narcotics offender, or arson offender
- Have been convicted and incarcerated in any Federal prison, State prison, or County jail within the last 7 years
- Are currently listed as a restrained person on a Protective Order/Restraining Order
- Have had an affiliation with a criminal street gang or any person of notorious reputation within the last 15 years
- Have omitted requested information, offered misstatements, lied, or provided incomplete statements on the current or any previous security clearance application
- Have active warrants or pending criminal cases
- Have used any controlled substance without a physician's prescription within the last 5 years
- Have attempted to escape or been convicted of aiding and abetting an escape from any Federal prison, State prison, or County jail
- Have a lengthy history of criminal offenses

Have a felony conviction pursuant to Penal Code 1192.7(c) and/or; misdemeanor conviction pursuant to Penal Code 667.5(c) which may include but are not limited to:

- Murder or Attempted Murder within the last 15 years
- Weapons law violation within the last 15 years
- A serious or violent felony, including charges that were considered serious or violent and categorized as a serious or violent felony at the time of conviction, within the last 15 years, or convicted of a serious or violent misdemeanor within the last 3 years
- Possession of a controlled substance for sale within the last 15 years
- Assault on a Peace Officer/Emergency Personnel within the last 15 years
- Engaging in sexual abuse in a prison, jail, lock-up, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)
- Engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or been civilly or administratively adjudicated to have engaged in the activity described in this section
- Bringing a controlled substance or unauthorized item into a Federal prison, State prison, or County jail
- Presents any safety and security concerns that warrant denying a security clearance per the Unit Commander's discretion

	LOS ANGELES COUNTY SHERIFF'S DEPARTMENT Custody Facility Clearance Application	
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Section 1 - To be completed by Applicant

Name:	DOB:	CDL /ID #:
Address:	City:	Zip:
Home Phone: ()	Cell Phone: ()	Gender: Male Female Non-Binary
Employer Name:	Work Phone: ()	
Email Address:	Emergency Contact Name/Phone:	

Section 2 - To be completed by LASD Sponsor / Project Coordinator / Authorized Department Sponsor

Requested Facility:	Date of visit:	Unit Requesting:
Escort Name:		Phone:
Sponsor Signature <i>(FOR DHS/CHS ONLY)</i> :		Date:
Sponsor Name (Please Print):		Employee #:
Project Coordinator (IF APPLICABLE):		Email:
Reason for visit:		

Section 3 - Chaplains / Clergy please complete the following

Clergy Program please provide the following:

- A letter from your organization/church stating you are representing the organization and nature of your visit.
- Copy of Ordination Certificate (Clergy only).

Requested Facility:	Date of visit:	Faith:
Chaplain Name:		Phone:
Reason for visit:		

Section 4

Have you ever been convicted of a misdemeanor or felony? Yes___ No___ Expungement? Yes___ No___

If "Yes", briefly explain: _____

Have you ever been contacted, questioned, detained or arrested by any law enforcement agency or have you been named as a suspect in a police investigation? Yes___ No___

If "Yes", briefly explain: _____

I hereby authorize the Los Angeles County Sheriff's Department to initiate a background check for access into the Los Angeles County Jail System.

Signature: _____ Date: _____

***** FOR OFFICE USE ONLY *****

Background Completed by:	Date:	Pass	Fail
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Revised 04/2025



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
Custody Facility Clearance Application



I have applied for jail clearance and understand in order for me to participate and ensure admission into the Correctional facility, I must agree to the following terms and conditions and adhere to the following guidelines:

- I must be in possession of a valid and current Government issued Driver's License and/or Identification Card.
- I must check into Facility/Main Control to exchange my I.D. for a facility badge. Upon my departure, I must return the facility badge in exchange for my I.D.
- If my access is "escort" required, I understand I must wait to be escorted by personnel authorized to escort me.
- My access is restricted only to the facility I am allowed to enter and for the specified (if applicable) time period.
I may be searched at any time while on jail property.
- It is a crime to bring weapons, narcotics, and/or contraband into a custody facility.

Prohibited items within the secured areas of the jail include, but are not limited to:

Firearms, Ammunition, Knives, or any type of weapon, Cellular Telephones, Smart Watches, Cameras, Audio Recording Devices, Backpacks, Duffel Bags, Purses, Fanny Packs, Shopping Bags, Brief Cases, Lighters, Matches, Cigarettes, (including E-Cigarettes, vaporizers). Please make arrangements to secure any of the above listed personal items prior to entering the facility. If you are unsure of an item, please ask the facility.

- The Los Angeles County Jail is a professional setting and I am expected to wear appropriate attire (clothing should be business casual).
- I may be asked to clear a metal detector (magnetometer). Failure to comply with the request will result in permanent removal from current and future jail access.
- I may be subjected to the risk of my personal safety or death, and/or damage to personal property, and I accept these risks.
- The Los Angeles County Sheriff's Department maintains a no hostage policy and will not consider bargaining with hostage takers for any reason. In the event I am taken hostage, no inmate will be released as a condition of my safety, and no consideration for my safety will be given to those who have taken me hostage.
- I understand I may be exposed to unlawful acts of force or violence by inmates, riots, nudity, assault, or caustic chemicals. I agree to comply with questioning if I am a witness to any of the aforementioned.
- I will refrain from engaging inmates in conversation or from answering inmates if they attempt to engage me regarding matters that are not official business for which my access was granted.
- I shall not knowingly fraternize with, engage the services of, accept services from, do favors for, or maintain a business or personal relationship or association with the spouse, immediate family member, or romantic companion of any person in the custody of the Sheriff's Department or within 30 days of their release.
- Permission to enter the correctional facility may be subject to cancellation without notice.
- The number of persons permitted in the facility will be determined at the discretion of the facility Watch Commander.
- Distribution of literature, written or printed materials, business cards, photographs, pictures, or other visual materials shall not be circulated, distributed, or posted in any LASD facility by persons or groups not associated with LASD.

I understand any violation of the above will result in my access being revoked. I have carefully read and understand the contents of this document and sign it of my own free will.

Print Name

Driver's License Number

Applicant Signature

Date

Revised 03/2022

ATTACHMENT 4
3-01/090.00 SECURITY OF PERSONAL PROPERTY

In order to ensure the safety and security of all persons in Facilities, the following personal property is prohibited inside security areas as indicated:

- Weapons, including but not limited to, firearms and knives, are expressly prohibited in security areas of all Facilities.
- Except for the Officer Dining Room (ODR), and only with the specific permission of the Unit Commander, metal silverware must not be brought into security areas of any Facility.
- Personal electrical appliances must be approved by the Unit Commander before being brought into the Facility (e.g., coffee pots, toasters, heaters, fans).
- DVD and game devices are prohibited. Tape players, CD players and radios must be pre-approved by the Unit Commander in writing twenty-four hours in advance, before being brought into the Facility.
- Laptop computers and personal digital assistants (PDA's) must be approved by the Watch Commander prior to entry into security areas on a daily, shift by shift basis. Based on an individual's specific duties, request for a blanket approval must be submitted in writing to the Unit Commander, and once approved, daily approval by the Watch Commander will not be required.
- Personal property containers must not be brought into security areas (e.g., backpacks, fanny packs, ice chests/food containers). Only clear soft-sided, hand-held lunch containers and purses, which measure 11" x 14" x 12" or less will be allowed into secured parts of the Facility.
- Reading material not related to the job or the furtherance of formal education and self-development is prohibited. Acceptable reading material are soft-sided textbooks, newspapers, and novels.
- Prescription and over-the-counter medication in its original labeled container are acceptable inside Facilities. Medication packaged in any other fashion is prohibited.
- Umbrellas.
- Cell phones.
- Cameras will not be allowed inside a Facility unless prior approval is obtained from the Watch Commander or Unit Commander.
- Tobacco products, matches and cigarette lighters.

ATTACHMENT 4
3-01/090.00 SECURITY OF PERSONAL PROPERTY

Personal security dictates that personnel must refrain from bringing items which contain personal identification information (e.g., wallets, purses, checkbooks) into security areas to prevent loss or compromise of information. Should personnel elect to bring in any such item, they must be maintained on their person or stored in a locked compartment.

This policy does not limit persons from bringing into secure areas, items or containers that contain necessary tools, training material or equipment to facilitate the performance of their duties (e.g., tool chests, medical bags, digital test equipment), nor does it limit personnel, who are attending training, from entering the Facility wearing civilian attire en route to the Officer's Dining Room (ODR).

This policy will apply to all persons entering security areas of all Facilities. Additionally, all personal property must be secured at all times, and must not be stored in any area accessible to Inmates.

The Unit Commander has the final authority to determine what personal property is allowed within their Facility.

ATTACHMENT 5
COUNTY OF LOS ANGELES
NON-EMPLOYEE INJURY REPORT

Dept Name: _____ Dept. #: _____
DIV or Facility: _____
SECTION: _____
IRIMS Code #: _____

Prepared for County Counsel in defense of the County, Special Districts and employees.

INSTRUCTIONS:

1. All incidents involving injury to non-employees, however minor, while on County property (owned or leased) must be reported by the Sheriff's or Probation Department in proximity to incident, as follows:

Two copies to: CARL WARREN & CO., P.O. Box 116, Glendale, CA 91209-0116

FATALITIES OR SERIOUS INJURIES MUST BE REPORTED IMMEDIATELY BY PHONE TO CARL WARREN & CO. (818) 247-2206.

INJURED NON-EMPLOYEE:

1. Name _____
(Last Name) (First Name) (Middle Name)
2. Address _____
- 2B. Telephone: () _____ 3. Age _____ 4. Sex _____ Male _____ Female If minor, give name of parent or guardian _____

TIME AND PLACE:

5. Place of occurrence _____
(Name of County Facility, Bldg., Street, Number) (City or Town)
6. Location in building _____
(In detail: Bldg., Floor, Room No.)
7. Date of occurrence _____ Hour _____ AM/PM 8. Weather _____ Clear _____ Rain
- POLICE REPORT: YES NO POLICE AGENCY REPORTING _____ STATION _____ DEPT. #: _____

DESCRIPTION OF INCIDENT:

9. What was non-employee doing? _____
10. What happened? (Describe fully, stating whether injured person fell, was struck, etc.) Give all factors contributing to injury: _____
(If necessary, continue on separate sheet)
11. Condition of floor, sidewalk, steps or other physical property or equipment involved: _____
12. Was there any defect or foreign substance or object involved? If so, describe: _____
13. If slip and fall: Person's shoes _____ Heels _____ Caps _____
(Type) (Type) (Type)

NATURE OF INJURY AND PART OF BODY AFFECTED:

14. Be specific! State which part of body injured; whether right or left, etc. If exact nature of injury is undetermined, give opinion: _____

SH-A-668

ATTACHMENT 5

TREATMENT GIVEN:

15. Was treatment given to the injured person by County personnel? _____ By Whom? _____
Type of Treatment: _____
16. Was ambulance called? _____ Which company? _____ By whom? _____
17. Taken to hospital? _____ Which? _____

STATEMENTS BY INJURED AND WITNESSES:

(Note: Attach additional pages if needed)

18. Statement of injured as to what happened: _____

19. Witness No. 1: Name _____
(Last Name) (First Name) (Initial)
- Address: _____ Telephone: _____
(Number) (Street) (City)
- Statement: _____

20. Witness No. 2: Name _____
(Last Name) (First Name) (Initial)
- Address: _____ Telephone: _____
(Number) (Street) (City)
- Statement: _____

Date Report Prepared: _____

Prepared by: _____ Phone: _____
(Print Name)

_____ Dept.: _____
(Title)

_____ (Signature)