

State Operated Community Program

**SOCP Action Request Memo**


<b>Topic:</b>	<b>Written Maglock Procedures</b>	<b>Issue date:</b>	08/10/2010
<b>Related policy:</b>	5.004 Evacuation Drills, 5.008 Safety Review		

**Action Requests (AR)** - Action Requests are used to request action by a given deadline. They are time-sensitive and should be read and processed or assigned upon receipt.

**Applies to:**  
(check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> All employees includes: | <input checked="" type="checkbox"/> Prog. Managers | <input type="checkbox"/> Site Managers               |
| <input type="checkbox"/> Nurses                  | <input type="checkbox"/> BVS1s                     | <input type="checkbox"/> BVS2s                       |
| <input type="checkbox"/> Cent. Office staff      | <input type="checkbox"/> Group home staff          | <input type="checkbox"/> Trainers                    |
| <input type="checkbox"/> MHHT1                   | <input type="checkbox"/> MHHT2                     | <input type="checkbox"/> MHTT                        |
| <input type="checkbox"/> HR                      | <input type="checkbox"/> Modified workers          | <input checked="" type="checkbox"/> Other : See list |

**Implementation date:** 09/01/2010

**FROM:** Deanna Bathke, SOCP Director 

**SUBJECT:** Written Magnetic Lock/Disengage Procedures and contact number

**FOR:** Cade, Charles, Discovery, Forsythia, Gath, Halsey, Hampden, Macleay, Madison, Oak, Turner, Weirich

Magnetic lock written procedures are required for all "Maglock" homes. The expectation is all staff will have access to the procedures in the event of a Safety Check Inspection by Q&A, Licensing and/or in the event of an emergency. The **contact number for repairs** must be identified in the procedure.

Fire drills are to be conducted monthly.

Fire drills to include magnetic lock testing, should be scheduled during the day or swing shift fire drills, **a minimum of twice quarterly**. Testing on day and swing shift allows for timely troubleshooting or repair, if needed.

If you have questions about this information, contact:

<b>Contact(s):</b>	Deanna Bathke	Pat Kettleon
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**Steps to disengage Maglocks for:**

House: \_\_\_\_\_

Location of main circuit: \_\_\_\_\_

Maglock contact number: \_\_\_\_\_

Step 1: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Step 2: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Step 3: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Step 4: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Step 5: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

**Maglock: Information**

Name of installer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Who is the contract person? \_\_\_\_\_

Where is the business card/contact information displayed/filed?  
\_\_\_\_\_

Has the staff been instructed how to auto-boot after a power failure? Yes  No

When was the "Maglock" system installed? \_\_\_\_\_

Is the "Maglock" system under warranty? Yes  No

Warranty expiration date? \_\_\_\_\_

Warranty renewal date? \_\_\_\_\_ Extended: 1 year  2 years

System upgrade date? \_\_\_\_\_

Parts replacement date? \_\_\_\_\_