

PS3792.05 STAFF FITNESS CENTERS



U.S. Department of Justice  
Federal Bureau of Prisons

Program

**OPI:** HSD  
**NUMBER:** 3792.05  
**DATE:** October 4, 1993  
**SUBJECT:** Staff Fitness Centers

Statement

1. PURPOSE AND SCOPE. The Federal Bureau of Prisons shall afford all employees an opportunity to develop, maintain, and enhance their physical and mental well-being by operating staff fitness centers.

The Federal Bureau of Prisons acknowledges the importance of healthy employees and the role of health and fitness programs in retaining staff, reducing absenteeism, and increasing employee productivity and morale.

2. DIRECTIVE RESCINDED

P.S. 3792.04 National Employees' Wellness Program  
(04/27/89)

3. STANDARDS REFERENCED

a. American Correctional Association Foundation/Core Standards for Adult Correctional Institutions: None.

b. American Correctional Association 3rd Edition Standards for Adult Correctional Institutions: None.

c. American Correctional Association Foundation/Core Standards for Adult Local Detention Facilities: C2-5041.

d. American Correctional Association 3rd Edition Standards for Adult Local Detention Facilities: 3-ALDF-1C-14.

e. American College Of Sports Medicine (ACSM) Health Fitness Facility Standards and Guidelines, ACSM, Human Kinetics Publishers, Inc.

4. RESPONSIBILITY. The Chief Executive Officer (CEO) shall appoint a Fitness Center Coordinator to oversee the staff fitness center and ensure the requirements in this Program Statement are met.

5. ELIGIBILITY TO PARTICIPATE IN FITNESS CENTER ACTIVITIES. Bureau of Prisons employees who receive employee benefits are eligible to use staff fitness centers. Each institution will

determine the eligibility of BOP retirees and employee spouses/dependents. Dependents are typically defined as spouses, minor children, and individuals who are financially dependent upon the employee.

Federal employees visiting the institution may be allowed to use fitness center facilities, with the CEO's approval. Contract workers and volunteers are not allowed to use staff fitness centers.

All fitness center participants must meet the following requirements before using the facility:

a. Attend a fitness center orientation that includes:

- (1) demonstration of the proper use for each piece of equipment in the center,
- (2) fitness center rules,
- (3) sign-in procedures,
- (4) location of medical emergency equipment/injury procedures, and
- (5) sign the Fitness Equipment and Facility Orientation Form (Attachment A).

b. Sign the Physical Fitness Program Informed Consent and Waiver of Liability forms (Attachments B and C). These forms will also be kept in participant files.

c. Complete the Demographic Information and Personal History Form (Attachment D). These forms are confidential and can be reviewed only by the person giving the orientation session or the person responsible for the fitness center.

d. Fitness center participants must be at least 13 years of age. (The minimum age may be higher at some locations, as needed). Minors must be supervised by an adult when using the Fitness Center.

e. Receive a physician's approval to participate in physical fitness activities, if two or more cardiac risk factors are circled or noted on the second page of the Personal History Form, and/or one or more symptoms listed on the first page of the Personal History Form.

Documentation of a personal physician's approval, including any restricted activities, will be noted on the Physician's Approval Form (Attachment E) and maintained in the participant's file.

If a participant chooses not to answer one or more questions on the cardiac risk factor and symptom sections of the Personal History Form, a Physician's Approval Form must be completed.

This will show that the participant has no underlying medical conditions or symptoms which may prevent him/her from safely using the staff fitness center.

6. PARTICIPANTS FILES. Individual participant files shall remain confidential, to be viewed only by the person performing orientations, the person responsible for the staff fitness center, and a physician. Information may be reported for statistical purposes in a group format as long as individuals cannot be identified.

Individual fitness center participant files shall contain signed orientation and informed consent forms, waiver of liability forms, as well as other pertinent forms mentioned above. Other information on participants may be added as needed.

7. FITNESS CENTER FACILITY OPERATIONS

a. Fitness Center Equipment Maintenance. All fitness center equipment shall be maintained according to factory recommendations. If these are not available, the responsible employees shall follow the guidelines on the Weekly Preventive Maintenance Check for Fitness Center Equipment and the Monthly Maintenance Check for Fitness Center Equipment (Attachments F and G). Each maintenance inspection shall be documented using Attachments F and G. Maintenance forms suggested by the factory may be substituted for Attachment F, when appropriate.

Equipment manuals and maintenance logs will be kept in the same location as individual participant files.

b. Fitness Center Equipment Repairs. Any repairs to fitness center equipment will be made in a timely manner, to factory specifications, and with factory parts. A log shall be maintained for all repairs.

c. Sign-In Logs. Each participant is required to sign-in every time he/she uses fitness center equipment or locker facilities. At a minimum, sign-in logs should include the participant's name, date, and time of day.

d. Sanitation. All showers and locker facilities shall be cleaned and disinfected daily. Exercise areas and equipment shall be kept clean and in working order at all times.

e. Medical Emergency Injury Plan. Each fitness center shall have a medical-emergency plan readily accessible to participants. The plan shall include:

- (1) location of first-aid kit, fire extinguishers, and any other emergency equipment;
- (2) contact persons for treatment of an injury or illness;

- (3) procedures for reporting and documenting participant injuries; and
- (4) procedures for checking and restocking first-aid kit supplies.

f. Fitness Center Rules. Each fitness center shall post fitness center rules and regulations in plain view. It is recommended that these rules follow the American College of Sports Medicine guidelines. Posted rules must include the following statements:

- (1) "This fitness center is not staffed by CPR qualified personnel."
- (2) "For your personal safety, it is strongly recommended that the buddy system (having another fitness center member present) is used when exercising in this facility."
- (3) "Minors must be supervised by an adult when using the fitness center."

g. Recommended Fitness Center Equipment. Institutions shall spend no more than \$20,000 to purchase fitness center equipment. At correctional complexes, the Regional Director shall determine the amount of monies to be expended for fitness center equipment. A general guide for Regional Directors to follow is the base of \$20,000, plus a maximum of 50 percent of the base for each additional institution. Equipment will be selected from the following recommended list:

- (1) Aerobic Equipment
  - (a) stationary bicycle,
  - (b) stairclimber,
  - (c) rowing machine, and
  - (d) cross-country ski simulator
- (2) Free Weight Equipment
  - (a) abdominal bench,
  - (b) dip/leg raise stand,
  - (c) "Smith" machine,
  - (d) flat bench with stand,
  - (e) incline bench,
  - (f) decline bench,
  - (g) dumbbells (a set ranging from three to 65 pounds should meet the needs of most individuals),
  - (h) dumbbell rack, and
  - (i) weight bars and weight plates.

(3) Selectorized Weight Equipment

- (a) leg extension,
- (b) leg curl,
- (c) seated row,
- (d) shoulder press,
- (e) chest press,
- (f) lat pull down,
- (g) arm curl,
- (h) triceps, and
- (i) calf machine.

h. Current Fitness Centers. Institutions having a current equipment inventory in excess of \$20,000 are not required to reduce equipment to meet this limit. However, if a piece of equipment becomes non-operative and the fitness center's inventory is in excess of \$20,000, that piece of equipment shall not be replaced.

i. Fitness Center Expenditures. Funding for the purchase and preventive maintenance of fitness equipment in staff fitness centers is authorized from the institution's Salaries & Expenses (S&E) budget. No special funding will be provided.

Kathleen M. Hawk  
Director

FITNESS EQUIPMENT  
AND FACILITY ORIENTATION

I acknowledge I have received an orientation explaining the proper use and care of each piece of equipment and all other facilities associated with the \_\_\_\_\_ staff  
(name of BOP Facility)  
fitness center. Furthermore, I have received a copy of, and understand all the rules and regulations as they pertain to the staff fitness center.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature  
(required for minors only)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fitness Center Coordinator Signature

\_\_\_\_\_  
Date



WAIVER OF LIABILITY

I assume participation in \_\_\_\_\_  
(name of BOP facility)

fitness center activities at my own risk, after having been informed of the potential risks and benefits involved. In consideration of my acceptance as a participant, I, for myself, and for my successors and assigns and administrators, waive and release any and all claims and rights for damages I may have or hereafter may accrue against \_\_\_\_\_  
(name of BOP facility)

or the United States.

I attest and verify that I am physically able to take part in physical fitness activities.

I have read the above conditions and accept them as shown by my signature:

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

If the above individual is under 18 years of age, complete the following:

In consideration that my dependent who is under the age of 18, I acknowledge the above conditions and accept as shown by my signature.

\_\_\_\_\_  
Signature of Parent or Guardian Date \_\_\_\_\_

DEMOGRAPHIC INFORMATION & PERSONAL HISTORY

NAME \_\_\_\_\_  
Last First Middle Initial

ADDRESS \_\_\_\_\_

TELEPHONE (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

SOCIAL SECURITY NUMBER (optional) \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_

PHYSICIAN'S ADDRESS \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER \_\_\_\_\_

SEX (Circle One) Male Female BIRTHDATE \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BLOOD PRESSURE \_\_\_\_/\_\_\_\_

YES NO Has your doctor ever said you have heart trouble?

YES NO Do you often feel faint or have spells of severe dizziness?

YES NO Do you or have you had chest pain, pressure, or discomfort with physical activity or when resting?

YES NO Are you taking any medications? If yes, what kind and how much \_\_\_\_\_

YES NO Has a doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise?

If yes, please explain \_\_\_\_\_

YES NO Do you have any other problems or limitations not mentioned above that may affect your ability to exercise? If yes, please explain \_\_\_\_\_

Cardiac Risk Factors

- YES NO Has a doctor ever said your blood pressure was too high?
- YES NO Do you smoke cigarettes? If yes, how much? \_\_\_\_\_
- YES NO Has a doctor ever told you that your cholesterol was too high?
- YES NO Do you have diabetes?
- YES NO Is there a known incidence of coronary artery disease in any of your parents and/or siblings before age 55? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- YES NO Are you over 45 years old?
- YES NO Are you unaccustomed to exercise?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



WEEKLY PREVENTIVE MAINTENANCE CHECK  
FOR FITNESS CENTER EQUIPMENT

Date \_\_\_\_\_

SELECTORIZED WEIGHT MACHINES, FREE WEIGHTS, AND BENCHES

Initials

\_\_\_\_\_ Clean upholstery with cotton cloth and mild soap solution.

\_\_\_\_\_ Clean frames with cotton cloth and either mild detergent  
or all-purpose liquid cleaner.

ROWER MACHINE

\_\_\_\_\_ Clean monorail with nonabrasive pad.

\_\_\_\_\_ Clean seat and console with cotton cloth and mild  
detergent.

STATIONARY CYCLE & ARM/LEG ERGOMETERS

\_\_\_\_\_ Clean seat and console with cotton cloth and mild soap.

\_\_\_\_\_ Clean housing with same materials.

WINDTRAINER

\_\_\_\_\_ Clean bike frame and housing frame with cotton cloth and  
mild soap.

\_\_\_\_\_ Clean seat with same materials.

\_\_\_\_\_ Calibrate.

\_\_\_\_\_ Check mounting screws.

RECUMBENT BIKE

\_\_\_\_\_ Clean housing, console and seat with cotton cloth and  
mild soap.

\_\_\_\_\_ Charge battery overnight.

STAIR CLIMBER

\_\_\_\_\_ Clean pedals, grips, and console with cotton cloth and  
mild soap.

\_\_\_\_\_ Clean housing with same materials.

TREADMILL

\_\_\_\_\_ Clean console and housing with cotton cloth and mild  
detergent.

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or replicated via word processing.)

S-134 (37)  
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MONTHLY MAINTENANCE CHECK  
FOR FITNESS CENTER EQUIPMENT  
Date \_\_\_\_\_

SELECTORIZED WEIGHT MACHINES, FREE WEIGHTS, AND BENCHES

Initials

- \_\_\_\_\_ Lubricate guide rods and linear bearings (wipe clean with dry cloth, then wipe entire length with medium weight oil).
- \_\_\_\_\_ Inspect and adjust cables, nuts/bolts, torn upholstery.
- \_\_\_\_\_ Apply vinyl upholstery protectant.

ROWER MACHINE

- \_\_\_\_\_ Clean and lubricate chain using cotton cloth and lightweight oil.
- \_\_\_\_\_ Clean pads with vinyl protectant.
- \_\_\_\_\_ Inspect chain links.
- \_\_\_\_\_ Adjust seat rollers.
- \_\_\_\_\_ Inspect chain handle.
- \_\_\_\_\_ Tighten shock cord.

STATIONARY CYCLE & ARM/LEG ERGOMETERS

- \_\_\_\_\_ Clean and lubricate chain with cotton cloth and lightweight machine oil.
- \_\_\_\_\_ Clean pedals and lubricate.
- \_\_\_\_\_ Wax seat post with auto wax.
- \_\_\_\_\_ Clean Shroud and seat with vinyl protectant.
- \_\_\_\_\_ Inspect all bolts and screws.

WINDTRAINER

- \_\_\_\_\_ Clean and lubricate bike chain with teflon spray.
- \_\_\_\_\_ Check tire pressure and fill as necessary.
- \_\_\_\_\_ Inspect chain and lubricate if needed.

RECUMBENT BIKE

- \_\_\_\_\_ Inspect all bolts and chains. Adjust as needed.

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STAIR CLIMBER

Initials

- \_\_\_\_\_ Clean and lubricate chain with cotton cloth and lightweight machine oil.
- \_\_\_\_\_ Clean machine with vinyl protectant.
- \_\_\_\_\_ Inspect housing, belts, chains, and electrical components.

TREADMILL

- \_\_\_\_\_ Clean belt with cotton cloth and mild detergent. Must run belt at 2 mph while cleaning.
- \_\_\_\_\_ Inspect electrical components and bolts--calibrate if needed.