SECURITY CONTAINER CHECK SHEET

TO (if required)	**THRU** (if required)

CERTIFICATION

I CERTIFY, BY MY INITIALS BELOW, THAT I HAVE OPENED, CLOSED OR CHECKED THIS SECURITY CONTAINER IN ACCORDANCE WITH PERTINENT AGENCY REGULATIONS AND OPERATING INSTRUCTIONS.

MONTH/YEAR

DATE	OPENED BY		CLOSED BY		CHECKED BY		GUARD CHECK (if required)	
	INITIALS	TIME	INITIALS	TIME	INITIALS	TIME	INITIALS	TIME

FOLD HERE - REVERSE FOLD FOR FULL USE OF BOTH SIDES - FOLD HERE

SECURITY CONTAINER CHECK SHEET

FROM	ROOM NO.	BUILDING	CONTAINER NO.

CERTIFICATION

I CERTIFY, BY MY INITIALS BELOW, THAT I HAVE OPENED, CLOSED OR CHECKED THIS SECURITY CONTAINER IN ACCORDANCE WITH PERTINENT AGENCY REGULATIONS AND OPERATING INSTRUCTIONS.

MONTH/YEAR

DATE	OPENED BY		CLOSED BY		CHECKED BY		GUARD CHECK (if required)	
	INITIALS	TIME	INITIALS	TIME	INITIALS	TIME	INITIALS	TIME

STANDARD FORM 702 (8-85) (EG)
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