ACTIVITY SECURITY CHECKLIST

DIVISION/BRANCH/OFFICE	ROOM NUMBER	MONTH AND YEAR

Irregularities discovered will be promptly reported to the designated Security Office for corrective action.

Statement

I have conducted a security inspection of this work area and checked all the items listed below.

TO *(If required)*	FROM *(If required)*	THROUGH *(If required)*

ITEM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1. Security containers have been locked and checked.																															
2. Desks, wastebaskets and other surfaces and receptacles are free of classified material.																															
3. Windows and doors have been locked (where appropriate).																															
4. Typewriter ribbons and ADP devices (e.g., disks, tapes) containing classified material have been removed and properly stored.																															
5. Security alarm(s) and equipment have been activated (where appropriate).																															
INITIAL FOR DAILY REPORT																															
TIME																															

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