

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.

<i>TO (if required)</i>	<i>FROM (if required)</i>	<i>THROUGH (if required)</i>
-------------------------	---------------------------	------------------------------

*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.																															
2.																															
3.																															
4.																															
5.																															
6.																															
7.																															
8.																															
INITIAL FOR DAILY REPORT																															
TIME																															

* Fill in each ITEM as needed in order to meet your organization's requirements; e.g. "1. Security alarm(s) and related equipment have been activated (where appropriate)."