SECURITY	CONTAINER	CHECK SHEET
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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

			-		-			
D A T E	OPENEI	D BY	CLOSED BY		CHECKED BY		GUARD CHECK (if required)	
T E	INITIALS	TIME	INITIALS	TIME	INITIALS	TIME	INITIALS	TIME
<u> </u>								
I								

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 BELOW, THAT THAVE OPENED, CLOSED OR CHECKED THIS SECURITY CONTAINER IN ACCORDANCE WITH PERTINENT AGENCY REGULATIONS AND OPERATING INSTRUCTIONS.									
MONTH/YEAR									
D A T E	OPENE				CHECKED BY		GUARD CHECK (if required)		
E	INITIALS	TIME	INITIALS	TIME	INITIALS	TIME	INITIALS	TIME	
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STANDARD FORM 702 (11-2010) Prescribed by NARA/ISOO 32 CFR PART 2001 EO 13526