

ACTIVITY SECURITY CHECKLIST

DIVISION/BRANCH/OFFICE

Community Center/Bldg. 552

ROOM NUMBER

MONTH AND YEAR

April 2003

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. Desks, wastebaskets and other surfaces and receptacles are free of classified material.	✓	✓	✓	✓			✓	✓	X	✓	✓			✓	✓	✓	X	X			✓	✓	✓	✓	✓			✓	X	✓	
2. Windows and doors have been locked (where appropriate).	✓	✓	✓	✓			✓	✓	X	✓	✓			✓	✓	✓	X	X			✓	✓	✓	✓	✓			✓	X	✓	
3. Security alarm(s) and equipment have been activated (where appropriate).	✓	✓	✓	✓			✓	✓	X	✓	✓			✓	✓	✓	X	X			✓	✓	✓	✓	✓			✓	X	✓	
4. Call the PMO at close of business x21112.	✓	✓	✓	✓			✓	✓	X	✓	✓			✓	✓	✓	X	X			✓	✓	✓	✓	✓			✓	X	✓	
INITIAL FOR DAILY REPORT	N	N	N	N	N		N	N	X	N	N			N	N	N	N	X	X			N	N	N	N	N			N	X	N
TIME	1600	1600	1600	1600	1600		1600	1600	1600	1600	1600			1600	1600	1600	1600	1600	1600			1600	1600	1600	1600	1600			1600	1600	1600

