

SECURITY CLASSIFICATION (if any)

EQUIPMENT INSPECTION LOG

GATEHOUSE

ENTRY

EXIT

PRIVACY ACT STATEMENT: Auth for collecting info requested on this form is contained in 50 U.S.C. 402 note ; 40 U.S.C. 759 note ; 32 C.F.R. Part 228.6; and E.O. 12333. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA10 and GNSA15 apply to this info. Auth for requesting SSN is E.O. 9397. Info you provide will be used (primarily) to document and control entry or exit of prohibited or restricted items into or out of NSA/CSS property. Discl of requested info, including your SSN, is voluntary. However, failure to furnish requested info, other than your SSN, may delay or prevent the entry or exit of restricted items.

NAME (LAST)		(FIRST)	(MI)	SSN	ORG/COMPANY
BADGE (COLOR)	(TYPE)	PHONE (SECURE) (NON-SECURE- INCLUDE AREA CODE)		DESTINATION	
SUPERVISOR'S NAME (LAST) (FIRST) (MI)			DATE (YYYY-MM-DD)	TIME 9:00 a.m. - 1:00 p.m.	

ITEM DESCRIPTION	SERIAL #

<input type="checkbox"/> CLASSIFIED	<input type="checkbox"/> PROCEED	<input type="checkbox"/> RETURN/DW	<input type="checkbox"/> SECURE
<input type="checkbox"/> PROHIBITED	<input type="checkbox"/> PROCEED	<input type="checkbox"/> SECURE	<input type="checkbox"/> CONFISCATE

ATTENDING REPS:

NAME (LAST)	(FIRST)	ORG/COMPANY
_____	_____	_____
_____	_____	_____

ACS/AGENT/OFFICER PRINTED NAME (LAST) (FIRST) (MI)	VERIFY BADGE (COLOR) (TYPE)	DATE (YYYY-MM-DD)	TIME
_____	_____	_____	_____