

RECORD OF CONTROLLED AREA

(May also be used for recording approval of vaults and strong rooms)

<p>1. TYPE:</p> <p><input type="checkbox"/> Closed <input type="checkbox"/> Vault <input type="checkbox"/> Spec. Container</p> <p>Class:</p> <p><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Modular</p>	<p>2. FACILITY NAME AND ADDRESS:</p>	<p>3. IDENTITY OF AREA, NUMBER AND LOCATION:</p> <p>3a. Normal Hours of operations</p>	<p>4. APPROVED DEGREE OF STORAGE:</p> <p>4a. Type of Material Safeguarded:</p> <p>4b. Open Storage: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. NAME AND TITLES OF FACILITY PERSONNEL CONSULTED:</p>			<p>6. Date of Inspection:</p>

CONSTRUCTION FEATURES

<p>7. WALLS: Do walls extend to true ceiling? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>13. DOOR LOCKING DEVICES</p> <p>a. During working hours</p> <p>b. During non-working hours</p> <p>c. Non-entry doors</p>
<p>8. DOORS: How many? _____ Entry/Exit _____ Non-Entry/Exit _____ Description:</p>	<p>14. SUPPLEMENTAL PROTECTION:</p> <p>a. Alarm System (1) Monitor: <input type="checkbox"/> Proprietary <input type="checkbox"/> Subcontract (2) Type: <input type="checkbox"/> Central <input type="checkbox"/> Direct <input type="checkbox"/> Local (3) U.L. (CRZH) Certificate Checked <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Guards (1) <input type="checkbox"/> Proprietary <input type="checkbox"/> Contractor (2) Frequency of Rounds _____ (3) <input type="checkbox"/> Alarm Response Only</p> <p>c. Security-In-Depth (SID): <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. CEILINGS:</p>	
<p>9a. If a false ceiling, the ceiling or space above is checked on a (weekly, monthly, biannual) basis or secured as follows:</p>	
<p>10. FLOORS:</p>	
<p>10a. If a raised floor, the space below or crawl ways are checked on a (weekly, monthly, biannual) basis or secured as follows:</p>	
<p>11. WINDOWS: How many? _____ Opaque _____ Non-Opaque _____ Description:</p>	<p>15. UNUSUAL FEATURES OF CONSTRUCTION:</p>
<p>12. MISCELLANEOUS OPENINGS:</p>	
<p>SIGNATURE OF IS REPRESENTATIVE(S) APPROVING AREA:</p>	
<p>FIELD OFFICE:</p>	<p>SIGNATURE OF FACILITY SUPERVISOR:</p>