UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE			DATA CENTER VISITOR LOG					
YEAR	DATA CENTER LOCATION		NAME OF DATA CENTER MANAGER			IN THE EVENT OF AN EMERGENCY, CONTACT THE DATA CENTER MANAGER AT OR .		
DATE	VISITOR NAME (*LAST, FIRST, MI*)	VISITOR SIGNATURE	ORGANIZATION	FORM OF IDENTIFICATION	PURPOSE OF VISIT	AUTHORIZED ESCORT	TIME IN	TIME OUT
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