LOCAL COMSEC ITEM LOCATION RECORD

UNCLASSIFIED
(EXCEPT FOR TWO PERSON CONTROL MATERIAL)

1. LOCATION	2. DATE	3. TIME	4. NAME	5. EKMS MANAGER

I, the person whose signature appears last on this document, certify that I have in my possession and hold myself responsible for the item identified above, commencing on the date indicated, and that I understand the requirements for safeguarding the same.

6. CLASSIFICATION

☐ UNCLASSIFIED ☐ CONFIDENTIAL ☐ SECRET ☐ TOP SECRET ☐ CONTROLLED CRYPTOGRAPHIC ITEM (CCI)

7. ACCOUNTABLE SHORT TITLE/DESCRIPTION	8. SERIAL NUMBER/ACCOUNTING NUMBER	9. QUANTITY	10. BUREAU NUMBER/SEQUENCE NUMBER/PART NUMBER/COMMENTS

All fields are required.
Complete all required fields and mark unused optional fields with N/A.