

# DESTRUCTION OF TS/SCI/SAP CLASSIFIED MATERIAL

NOTE: Indicate disposition of material below.

FROM

DATE

CODE/ CONTROL NUMBER	BLDG	ROOM	CLASS	NUMBER OF CONTAINERS*	APPROX. CU. FT.	BURN	SHRED	DEGAUSS	CERTIFYING OFFICIAL/WITNESS	TIME
									CERTIFYING OFFICIAL	
									WITNESS	
									CERTIFYING OFFICIAL	
									WITNESS	
									CERTIFYING OFFICIAL	
									WITNESS	
									CERTIFYING OFFICIAL	
									WITNESS	
									CERTIFYING OFFICIAL	
									WITNESS	
									CERTIFYING OFFICIAL	
									WITNESS	

\*L - large bag  
\*S - small bag

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SIGNATURE (Destruction Facility Operator)