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PHYSICAL SECURITY INSPECTION REPORT

For use of this form, see AR 190-13; the proponent agency is DCSPER.

*Requirement Control Symbol
CSGPA-1671*

1. REPORT NUMBER

2. DATE OF INSPECTION

3. PREPARING AGENCY

4. UNIT OR ACTIVITY INSPECTED

5. NAME AND RANK OF UNIT/ACTIVITY COMMANDER

6. REPORT NUMBER AND DATE OF PREVIOUS INSPECTION

7. UNIT OR ACTIVITY MISSION

8. TYPE OF AREA INSPECTED

9. TYPE INSPECTION

_____ ANNOUNCED

_____ UNANNOUNCED

10. HAS THE UNIT BEEN PROVIDED THE:

a. INSTALLATION PHYSICAL SECURITY THREAT STATEMENT?

b. INSTALLATION PHYSICAL SECURITY PLAN?

YES	NO	NA

11. FINDINGS/RECOMMENDATIONS

12. INSPECTING OFFICIAL'S EVALUATION

13. RATING: THE SECURITY OF THIS UNIT/ACTIVITY IS:

_____ ADEQUATE

_____ NOT ADEQUATE

14. EXIT INTERVIEW *(Name, Grade or Rank, and Duty Position)*

TO PROTECT THE ARMY INTERESTS.

15a. INSPECTOR *(Name and Rank)*

b. SIGNATURE

c. DATE

16a. APPROVING AUTHORITY *(Name, Rank, Title)*

b. SIGNATURE

c. DATE

17. DISTRIBUTION: