KEY CONTROL REGISTER AND INVENTORY For use of this form see AR 190-11; the proponent agency is ODCSOPS UNIT/ACTIVITY PERIOD COVERED **KEY CONTROL NUMBER(S)** (Insert serial number or other identifying number from the key) 11. 21. 31. 12. 22. 32. 13. 23. 33. 14. 24. 34. 15. 25. 35. 16. 26. 36. 6. 17. 27. 37. 18. 28. 38. 19. 29. 39. 20. 30. 40. 10. **KEY ISSUE AND TURN IN ISSUED** ISSUED BY TURNED IN RECEIVED BY KEY **ISSUED TO** (Printed Name/Signature) (Printed Name/Signature) NUMBER (Date/Time) (Printed Name/Signature) (Date/Time)

KEY ISSUE AND TURN IN (Continued)							
KEY NUMBER	ISSUED (Date/Time)	SSUED ISSUED BY (Printed Name/Signature)		ISSUED TO ed Name/Signature	TURNED IN (Date/Time)	RECEIVED BY (Printed Name/Signature)	
INVENTORIES (JOINT/SEMIANNUAL)							
DATE		PRINTED NAME/SIGNATURE		DATE	PRINTED	PRINTED NAME/SIGNATURE	