

M

TAB

TAB

TAB

PHYSICAL SECURITY INSPECTION REPORT

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

*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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: