CONTROL REGISTER

ARMS ROOM AND INTRUSION DETECTION SYSTEM (IDS)

FACILITY/UNIT and STATION	BUILDING NUMBER/ARMS ROOM LOCATION	MONTH

DATE of ENTRY	TIME of ENTRY	PURPOSE	TIME of EXIT	DATE of EXIT	UNLOCKED BY		LOCKED BY		CHECKED BY		ENTER TIME UNDER TYPE OF ALARM			ACTION TAKEN/REMARKS	SIGNATURE OF RESPONSIBLE PERSON
					TIME	INITIALS	TIME	INITIALS	TIME	INITIALS	ACTUAL	FALSE	TEST		

NJDMAVA FORM NO. 103, DATED 1 OCT 92
(Ref: NJARNG Suppl 1 to NGR 190-1)