SAFEKEEPING CONTROL LOG

Name of Bank: _____ Box #: _____

Safe Deposit Box Location: _____

Department Name: _____

Signature of persons placing property in or removing from box. Dual Control	Reason for placing or removing property from box.	Placing Property	Removing Property	ENTERED Time and Date	DEPARTED Time and Date
1.				D:	
2.				T:	
1.				D:	
2.				T:	
1.				D:	
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1.				D:	
2.				T:	
1.				D:	
2.				T:	