

BP-A499.058_ File Accountability Checklist

FILE ACCOUNTABILITY CHECK LIST

Last Name _____	Register No. _____
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<p>ORIGINAL FILES:</p> <p>Date Out _____</p> <p>Location: _____ (Parent Inst. or 1st BOP Facility)</p> <p><input type="checkbox"/> Central File <input type="checkbox"/> Visiting</p> <p><input type="checkbox"/> J&C File <input type="checkbox"/> Education</p> <p><input type="checkbox"/> Medical <input type="checkbox"/> H/O File</p> <p><input type="checkbox"/> Commissary Card</p> <p>Signature _____</p> <p style="text-align: right;"><u>Notes</u></p>	<p>H/O Point 01</p> <p>Location: _____</p> <p>Date In: _____</p> <p>IN</p> <p><input type="checkbox"/> Original File/s Accounted For</p> <p><input type="checkbox"/> File/s Missing (See Comments Below)</p> <p>Signature _____</p> <p>OUT Date Out: _____</p> <p><input type="checkbox"/> Original File/s Accounted For</p> <p><input type="checkbox"/> File/s Missing (See Comments Below)</p> <p>Signature _____</p>	<p>H/O Point 02</p> <p>Location: _____</p> <p>Date In: _____</p> <p>IN</p> <p><input type="checkbox"/> Original File/s Accounted For</p> <p><input type="checkbox"/> File/s Missing (See Comments Below)</p> <p>Signature _____</p> <p>OUT Date Out: _____</p> <p><input type="checkbox"/> Original File/s Accounted For</p> <p><input type="checkbox"/> File/s Missing (See Comments Below)</p> <p>Signature _____</p>
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<p>H/O Point 03</p> <p>Location: _____</p> <p>Date In: _____</p> <p>IN</p> <p><input type="checkbox"/> Original File/s Accounted For</p> <p><input type="checkbox"/> File/s Missing (See Comments Below)</p> <p>Signature _____</p> <p>OUT Date Out: _____</p> <p><input type="checkbox"/> Original File/s Accounted For</p> <p><input type="checkbox"/> File/s Missing (See Comments Below)</p> <p>Signature _____</p>	<p style="text-align: center;"><u>AIRLIFT USE ONLY</u></p> <p style="text-align: center;">(Check For Central/J&C/Medical Only)</p> <p>Date: _____</p> <p><input type="checkbox"/> Original File/s Accounted For</p> <p><input type="checkbox"/> File/s Missing (See Comments Below)</p> <p>Signature _____</p> <p>Date: _____</p> <p><input type="checkbox"/> Original File/s Accounted For</p> <p><input type="checkbox"/> File/s Missing (See Comments Below)</p> <p>Signature _____</p> <p>Date: _____</p> <p><input type="checkbox"/> Original File/s Accounted For</p> <p><input type="checkbox"/> File/s Missing (See Comments Below)</p> <p>Signature _____</p>	<p style="text-align: center;"><u>Final Destination Checklist</u></p> <p>Location: _____</p> <p>Date In: _____</p> <p><input type="checkbox"/> Central File <input type="checkbox"/> Visiting</p> <p><input type="checkbox"/> J&C File <input type="checkbox"/> Education</p> <p><input type="checkbox"/> Medical <input type="checkbox"/> H/O File</p> <p><input type="checkbox"/> Commissary Card</p> <p>Signature _____</p> <p style="text-align: right;"><u>Notes</u></p>
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Locations	Remarks	<u>Comments & Discrepancies</u>	Initials

Instructions: ORIGINAL FILES block - Sending Inst. H/O Point Blocks - Completed by H/O facilities. Airlift technician to complete a portion of AIRLIFT Block each air trip. Not part of receipt process; do not delay transportation officials. Attach form to exterior of each Central File (or H/O file if Central File does not exist).

Notes: A H/O File often consists of no more than a file folder with paperwork "drop filed." If a Central File and J&C File are present, there is no need for H/O file. H/O institutions need not check commissary card at each drop point.