

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

Locations	Remarks	<u>Comments & Discrepancies</u>	Initials
_____	_____	_____	_____
_____	_____	_____	_____

Instructions: ORIGINAL FILES block - Sending Inst. H/O Point Blocks - Completes 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 institution need not check commissary card at each drop point.

PDF

Prescribed by P5800

Replaces BP-499(58) of OCT 91