

I do / do not desire to make a statement.

Signature of Member / Date

Operations Supervisor: _____

Chief Master-at-Arms: _____

Assistant Security Division Officer: _____

EMI Approved for _____ hours.

RADIO #

BLOCK NCO CHECKLIST

| Block | Shift | Block NCO | Unit | DTG | | | | | |
|--------|---|-----------|------|-----|--|---------|-----------|---------|--|
| | <input type="checkbox"/> Days <input type="checkbox"/> Swings <input type="checkbox"/> Mids | | | | | | | | |
| Task | | | | | | | | | |
| (b)(2) | | | | | | | | | |
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| | | | | | | Inspect | Inventory | Account | |
| (b)(2) | | | | | | | | | |

DD FORM 1337 01 DEC 03

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

