Wireless Device Tracking Sheet

Date: _____

Name of Employee/Visitor: _____

Description (including brand) of the Wireless Device(s): _____
_____
_____

Time Checked in: _____ By: _____

Time Checked out: _____ By: _____

"The Georgia Department of Corrections protects the public by operating safe and secure facilities through the development of professional staff and effective offender management."

Retention Schedule: Upon completion, this form shall be kept on file in the Deputy Warden of Security's Office for a period of one (1) year.