

**EHSS-53 - OFFICE OF TECHNICAL SECURITY
GIFT INSPECTION REQUEST WORKSHEET**

REQUESTOR INFORMATION

Gift Owner/POC:	Date:
Phone:	Email:
Org:	Facility:
HSO/FSO/SSO:	HSO/FSO/SSO Signature: <small>Only required if gift will be stored in a DOE facility</small>

GIFT INFORMATION

Presented to:	Org:	
Presented by:	Title/Position:	
Org:	Country:	
Date of Presentation:	Qty:	Gift Location:
Facility/Suite/Room:		
Reason for Gift:		

Description of Gift:

Comments:

TECHNICAL INSPECTION

Follow on Report:

Follow on Report Number:

Completed:

Comments:

Mitigations:

Recommendation:

If the inspected item is moved outside of the secure area or falls out of personnel control the item must be re-inspected before re-introduction into the secure/controlled area.

Technician Name:

Technician Signature:

EHSS-53 REVIEW

Review Assessment:

Comments:

Reviewer Name:

Reviewer Signature:

APPROVAL DECISION

(This section is only required if the gift will be stored in a DOE facility)

Decision:

*Approval is based on the above equipment config and install location. Any changes may alter this approval. Contact your HSO/FSO/SSO if changes are required.

Mitigations:

Additional Mitigations:

Comments:

Signed to Lock Form

Signature

Date