



### STERILE AREA TOOL INSPECTION FORM

Requested Inspection Date & Time: \_\_\_\_\_

Contractor/Vendor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Badge Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Sponsor Company Name: \_\_\_\_\_

Persons Under Escort: \_\_\_\_\_

Location of Work: \_\_\_\_\_ Operational Need For Tools: \_\_\_\_\_

Initial Inspection Date/Time: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_ SEC / LSO Signature: \_\_\_\_\_

**(BY SIGNING, CONTRACTOR AGREES TO MAINTAIN CONSTANT CUSTODY AND/OR CONTROL OF TOOLS WHILE IN THE STERILE AREA)**

EOD Inspection Date & Time Out: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_ SEC / LSO Signature: \_\_\_\_\_

Inspection Location: Elevator # 10  Elevator # 11  Checkpoint Bypass Door

Quantity	In ✓	Out ✓	Tool

**Contractor:** When ready for inspections contact the Love Field Airport Operations Center at **214-670-5683**.

Email completed form to Airport Security Coordinators office at [AVIASC@dallas.gov](mailto:AVIASC@dallas.gov), and Landside Operations Office at [AVILSO@dallas.gov](mailto:AVILSO@dallas.gov).

