

Onsite / Offsite Tape Storage Form

Date: _____

(Tick applicable)

<p>Offsite Tape Storage <i>(From HQ to Gombak Toll Plaza)</i></p>	
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<p>Onsite Tape Storage <i>(From Gombak Toll Plaza to HQ)</i></p>	
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Tape Details

[illegible]

Prepared by

Signature (Systems Administrator)
Date:

Acknowledged by

Signature (Transporter)
Name:
Date:

Notes

Acknowledgement

I hereby acknowledge that all tapes have been inspected and are without defect.

Signature
Name:
Date: