**Office of Juvenile Justice**
**Control Center Daily Key Inventory**

DATE: _____ Shift: _____

Name of CC Operator: _____

| Board Number | Assignment Location | Total # of Keys on Ring | Keys On Board | Keys Checked Out | Total # of Keys Counted | Name (If checked out) | Comments |
|---|---|---|---|---|---|---|---|
| | | | Check one box as applicable | | | | |
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