



PASSOUT FORM RESIDENT STAFF

RESIDENT NAME	STAFF MEMBER NAME	RESIDENT CONTACT NO.
QTY	DESCRIPTION OF ITEMS AUTHORISED TO BE TAKEN OUT BY STAFF MEMBER	

**SIGNATURE OF RESIDENT /
AUTHORISED PERSON:**

DATE: _____

SIGNATURE OF STAFF MEMBER

DATE: _____

SIGNATURE OF SECURITY OFFICER THAT CONDUCTED THE SEARCH:

DATE: _____

ONLINE OB NO: _____