



## CONTROL OF PROHIBITED ITEMS ACKNOWLEDGMENT FORM

I, \_\_\_\_\_, as a DAL-badged concessions employee of  
\_\_\_\_\_, acknowledge the following requirements  
for controlling and monitoring prohibited items within the Sterile Area.

- I understand that I am required to maintain positive control of prohibited item(s) while those items are in the Sterile Area.
- I understand that prohibited items shall be secured in accordance with my employer's DAL-approved procedures while not in use.
- I understand that I am required to notify my supervisor/manager if any prohibited items are lost, stolen, or cannot be accounted for.
- Lastly, I acknowledge that failure to abide by these policies could result in the issuance of TSA civil penalties and/or Notice of Violation(s) (NOV) by the DAL Airport Security Office.

**NAME (PRINT):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_