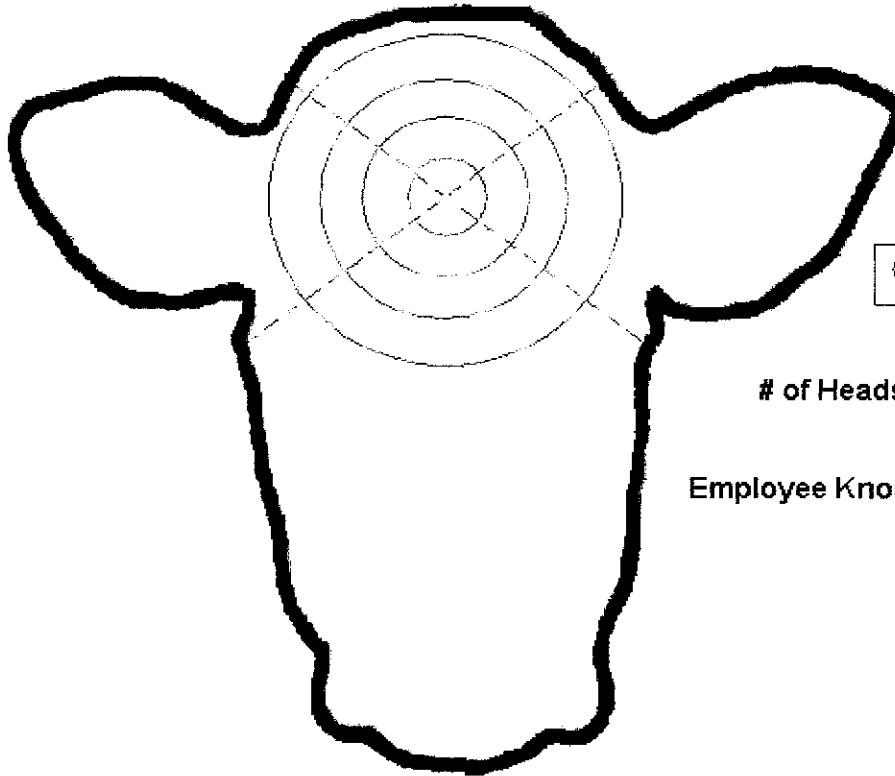


Head Audit

Date: _____

Observation #1



Multiple Shot

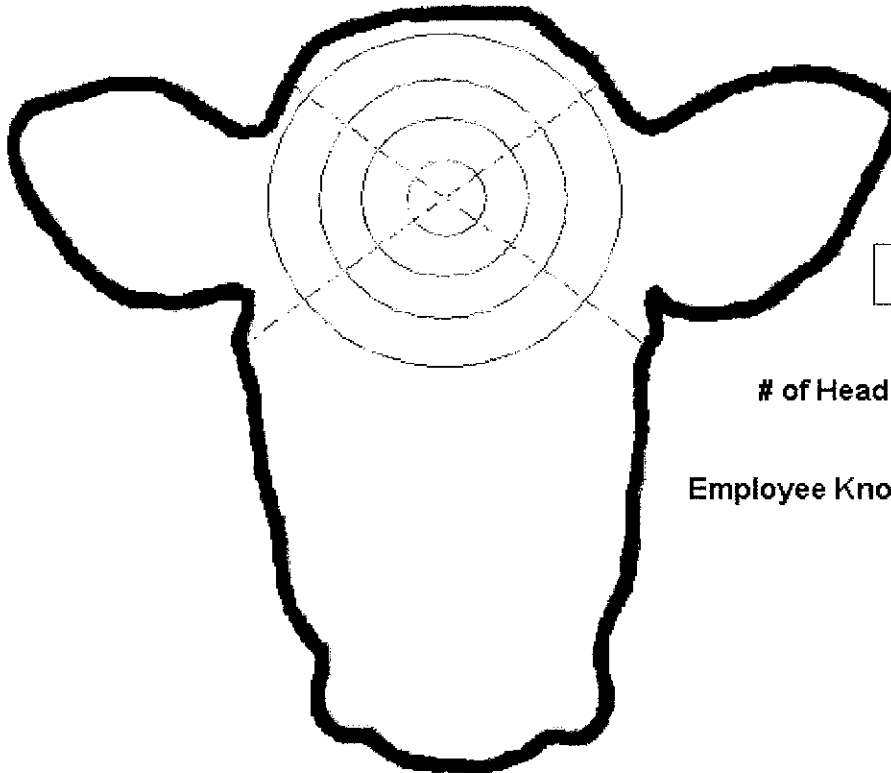
of Heads Checked _____

Employee Knocking _____

Time: _____

Monitored By: _____

Observation #2



Multiple Shot

of Heads Checked _____

Employee Knocking _____

Time: _____

Monitored By: _____

Comments/Corrective Actions: _____

