



PLEASE REFER TO FACILITIES SERVICES WEBSITE FOR INFORMATION REGARDING KEY POLICIES

A. DEPARTMENT INFORMATION

NAME:		EID:	
SIGNATURE:			
DEPARTMENT:			
DEPARTMENT CONTACT NAME:			
PHONE:			
<input type="checkbox"/> FACULTY	<input type="checkbox"/> STAFF	<input type="checkbox"/> STUDENT	<input type="checkbox"/> DEPT KEY CABINET

B. INCIDENT INFORMATION

Date keys were lost or stolen	Date keys reported missing
Where were the keys lost	

C. KEY INFORMATION

KEY # & ISSUE # (if known)	BUILDING & ROOM # (if known)	REPLACEMENT KEY REQUIRED	
		YES	NO
		YES	NO
		YES	NO
		YES	NO
		YES	NO
		YES	NO

This report will be evaluated by the Key Control Advisory Group, in consultation with the affected department(s) and key issuing authority, to determine the potential impact to building security.

The result of this evaluation may require that all, some, or none of the affected locks be re-keyed. This determination will be made on a case-by-case basis, with building security being the primary consideration. The number and type of keys lost, as well as the circumstances involved, will factor into the determination.