

## INTEGRATED ACCESS SYSTEM KEY/LOCK REQUEST FORM

(Instructions for completion and use of this form appear on reverse side)

Name: \_\_\_\_\_ ID # \_\_\_\_\_ Date: \_\_\_\_\_

Div. / Section: \_\_\_\_\_ Dept. / Group / Exp.: \_\_\_\_\_

Mail Stop: \_\_\_\_\_ Extension: \_\_\_\_\_ E-mail: \_\_\_\_\_ Project / Task #: \_\_\_\_\_

### KEY(S)

Total Quantity Requested	Key #(s) (if known)	Location(s) requesting access to:
_____	_____	_____
_____	_____	_____

### LOCK(S)

Total Quantity Requested	Key #(s) (if known)	Location of lock(s) (Building, floor, office name, door #, portakamp #, padlock(s), etc.):
_____	_____	_____
_____	_____	_____

Is your key **LOST**?

If yes:  
Loss Report# \_\_\_\_\_

Date: \_\_\_\_\_

Div. / Sec. Approval(s)	ID #	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Return To:** ES&H Security Operations Center, WHGF North Center, MS 101 Ext. 4251

**Or email completed approved form to:** [cardaccess@fnal.gov](mailto:cardaccess@fnal.gov)

*Office Use*

If required, has restitution been made? Yes \_\_\_ No \_\_\_ Cost \$ \_\_\_\_\_ Method Paid: \_\_\_\_\_ Cashier / Task # \_\_\_\_\_

**APPROVED:** Yes \_\_\_ No \_\_\_ \_\_\_\_\_  
(Reviewing Officer, ES&H / Security) Date

If not recommended, reason: \_\_\_\_\_

All keys are the property of the U.S. Department of Energy. Any loss must be reported immediately to Security, Ext. 3414. Charges may be made for keys or locks replaced because of lost key.

**Signature below acknowledges receipt of any responsibility for above listed key/locks.**

 Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_  
(Signature of employee or responsible individual)

 Issued by: \_\_\_\_\_ Date Received: \_\_\_\_\_  
(Security Operations Center Representative)

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## Instructions

If this request is to replace a lost key, you may be required to reimburse the Laboratory for costs before the new key will be issued. If a new lock, with keys, is required because of breach of system integrity due to a lost key, the entire cost of lock(s) and key(s) will be charged to the Division/Section.

**For Keys:** A separate Key/Lock Request Form must be filled out for each individual for whom keys are requested. Quantities of keys will not be provided for issuance "as needed" by Division/Section Offices.

Fill in all information concerning the individual for whom keys are requested and provide a Task#.

In the "KEY(S)" block fill in the Total Quantity of keys being requested, the key number, if known, and the location the keys are intended to access.

**For Locks:** Fill in all information concerning the individual who is responsible for the area in which the new lock(s) will be installed.

In the "LOCK(S)" block fill in the Total Quantity of locks being requested, which key number is to operate the locks, and the location the locks are to be installed.

The **Division/Section Head or Designee(s) must sign and date** the form. Division/Section Offices must keep the Security Operations Center informed of changes to the list of personnel authorized to approve Key/Lock requests for their Division/Sections.

### **For Lock Shop Use Only**

Key #	ID Stamp	Core # Installed	Location			Core # Removed
			Bldg.	Floor	Door	

Locksmith Initial & Date:

Notes: