



INTEGRATED ACCESS SYSTEM KEY/LOCK REQUEST FORM (Instructions for completion and use of this form appear on reverse side.)

Request # _____

Name _____ ID Number _____ Date _____

Division/Section _____ Mail Station _____ Phone _____ E-Mail _____

Department/Group/Experiment _____ Task #: _____

KEY(S) Key number(s) [if known] and location(s) requesting access to:

Total Quantity Requested:

LOCK(S) Location of Locks: (Building, floor, office name, door #, Portakamp #, padlocks, etc.)

Total Quantity Requested:

Reason(s) for needing a new key or lock:

New employee Office Moved Lost Key
 Transferred New Const. Loss Report #: _____
 Rekeyed Lock Added Date: _____
 Other: _____

Div/Sec Approval(s)

Date

Div/Sec Approval(s)	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I will be returning unneeded key(s): YES NO

Return to ESH&Q Key/ID Office, WHGF North Center, MS 101, Ext 4506

Office Use Only

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

Approved: Yes No _____
 (Reviewing Officer, ES&H/Security)

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 key loss.

Signature below acknowledges receipt of and responsibility for above listed keys/locks.

Received by: _____
 (Signature of Employee or Responsible Individual) Date Received

Issued By: _____
 (Key and ID Office Representative) Date Issued

