

# NHCC COMMAND LOST KEY STATEMENT

Date:

Name:

Department:

Complete Key Number:

Circle Key Type:

Room  
Number(s):

Floor:

STD / MASTR / RESTR

Description of space or material controlled by the lost key:

Department controlling the space/material:

Department Head:

## STATEMENT of LOSS

NHCC command keys are issued only to authorized departments and staff personnel when required in their daily conduct of command business. Departments are responsible for the tracking, safekeeping, and maintaining accurate records of all assigned keys. Loss of keys may constitute a breach of security, great financial loss to the command and could expose staff members to unnecessary risk. Staff personnel will be held financially liable for losses incurred by the loss of command keys including the cost of key replacements, re-keying all locks compromised by the loss, and possible civil or criminal action resulting therein.

I, \_\_\_\_\_, hereby acknowledge that the above statement is accurate and truthful to the best of my knowledge.

Signature: \_\_\_\_\_

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

## RECOMMENDATIONS

<b>KEY CUSTODIAN NAME AND SIGNATURE:</b>		<b>DATE REPORT FORWARDED TO FACILITIES SUPPLY PETTY OFFICER:</b>	
<input type="checkbox"/> REPLACE LOCK <input type="checkbox"/> REPLACE SUB-MASTER SYSTEM <input type="checkbox"/> REPLACE MASTER KEY SYSTEM <input type="checkbox"/> REPLACE KEY ONLY			
<input type="checkbox"/> DROP KEY FROM ACCOUNTABILITY <input type="checkbox"/> WITHDRAW KEY SERIES <input type="checkbox"/> OTHER			
<b>COST OF REPLACEMENT:</b>	<b>FACILITIES SUPPLY PETTY OFFICER SIGNATURE AND DATE FORWARDED TO CMAA:</b>	<b>REMARKS:</b>	
\$			
<b>TITLE / NAME OF CMAA:</b>		<b>SIGNATURE:</b>	<b>DATE:</b>
<b>CMAA RECOMMENDATIONS:</b>			
<b>TITLE / NAME OF SECURITY OFFICER:</b>		<b>SIGNATURE:</b>	<b>DATE:</b>
<input type="checkbox"/> CONCUR WITH CMAA  <input type="checkbox"/> OTHER RECOMMENDATIONS	<b>RECOMMENDATIONS:</b>		
<b>TITLE / NAME OF DEPARTMENT HEAD:</b>		<b>SIGNATURE:</b>	<b>DATE:</b>
<input type="checkbox"/> CONCUR WITH SECURITY OFFICER  <input type="checkbox"/> OTHER RECOMMENDATIONS	<b>RECOMMENDATIONS:</b>		
<b>TITLE / NAME OF FACILITIES MANAGER</b>		<b>SIGNATURE:</b>	<b>DATE:</b>
<input type="checkbox"/> CONCUR WITH DEPT HEAD  <input type="checkbox"/> OTHER RECOMMENDATIONS	<b>RECOMMENDATIONS:</b>		
<b>TITLE / NAME OF DIRECTOR</b>		<b>SIGNATURE:</b>	<b>DATE:</b>
<input type="checkbox"/> CONCUR WITH FACILITIES MANAGER (IF APPLICABLE)  <input type="checkbox"/> OTHER RECOMMENDATIONS	<b>RECOMMENDATIONS:</b>		
<input type="checkbox"/> CONCUR WITH STATEMENTS ABOVE  <input type="checkbox"/> OTHER RECOMMENDATIONS	<b>RECOMMENDATIONS:</b>		
<b>SIGNATURE OF EXECUTIVE OFFICER (IF APPLICABLE):</b>			<b>DATE:</b>
<input type="checkbox"/> CONCUR WITH STATEMENTS ABOVE  <input type="checkbox"/> OTHER RECOMMENDATIONS	<b>RECOMMENDATIONS:</b>		
<b>SIGNATURE OF COMMANDING OFFICER (IF APPLICABLE):</b>			<b>DATE:</b>