Print Form

LOST KEY/REPLACEMENT OF KEY REPORT

From: Dept. Key Custodian	To: Commanding Officer	Via: Key Control Officer	Date:
Key #:	Type:	Building # and Lock Location:	
Description *(space or material controlled by lost key)*:			
Departmental Custodian's Name:	Key Holder's Name:		
Explanation of Loss:			
ACTION TAKEN (*To be completed by Department Head)*			
Disciplinary Action (*If any)*:			
Corrective Action Taken or Recommended (*Specify)*:			
From: Dept. Key Custodian	To: Commanding Officer	Via: Key Control Officer	Date:
1. Contents Noted; Recommended: Replacement of: ☐ Lock ☐ Sub-Master System ☐ Master System ☐ Replacement of Key only ☐ Key be dropped from accountability ☐ Key Series be withdrawn ☐ Other 2. Remarks:			
Signature of Key Control Officer:			
From: Commanding Officer	To: Key Control Officer	Via: Dept. Key Custodian	Date:
CO's Endorsement ☐ Approved ☐ Disapproved			
Key Control Officer will: 1. Take action indicated above. 2. Return copy to when complete.			
Signature of Dept. Key Custodian:			
Submit three copies: 1) Key Control Officer, 2) Physical Security, 3) Dept. Key Custodian			