

KEY ISSUE REQUEST FORM

AUTHORISATION

Laboratory key requests must be authorised by the SCFP H&S Manager

Key Required (Bldg/room No)	Authorised by Manager/supervisor	Manager/supervisor Signature	Date	Issued by Name	Issued by Signature	Leaving date (if known)

DECLARATION

To be signed by person whom key/s is issued to:

Keys are not to be used anyone other than the person to whom they are issued.

Losses are to be reported immediately to the BSO. The cost of replacing the lost key will be billed to the dept. /person

All key are to be returned to the issuing office upon them leaving the University.

All persons issued with a key are to familiarise themselves with relevant building Out Of Hours rules.

I have read, understood, and agree to comply with the conditions above.

Name	Signature	Date