

WHITWORTH UNIVERSITY CAMPUS KEY POLICY

Lost/Stolen Key Report

Name of key holder: _____ ID #: _____

Department: _____

Date of report: _____ Date of loss (if known): _____

Key(s) involved / what they open: _____

Location of loss (on or off campus, in or out of town, etc): _____

Circumstances of loss (stolen from vehicle, lost while hiking, etc.): _____

Identifying marks on keys/key ring/other items believed to be with said key(s): _____

Other comments/mitigating circumstances: _____

Replacement key(s) desired? yes no

Risk Assessment (internal use)

Supervising Department/Program representative: _____

Facilities representative: _____

Security officer: _____

Other Stakeholder(s) (if shared facility): _____

Key Code	Opens (ext?)	Access to room(s)?	Identifiable (1-5)	Impact (1-5)

Decision: rekey no rekey replace key(s) if requested

Building(s): _____ Rooms: _____

Locks (qty): _____ Keys (qty): _____

WO# _____ GL: _____ Est. Charge \$ _____