

CENTRAL STATE HOSPITAL  
POLICY

SUBJECT: KEY CONTROL

ANNUAL REVIEW MONTH: November

RESPONSIBLE FOR REVIEW: Chief Operations Officer

LAST REVISION DATE: March 2009

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**I. POLICY**

It is the policy of Central State Hospital to provide a high degree of security by maintaining control over the issuance and accountability of all keys which control access to buildings, offices, and other lockable pieces of equipment.

A. PURPOSE:

1. Contractors will be issued keys on a very restrictive basis and only for the specific area of need for the job. In a very limited number of cases, a Great Grand Master may be justified for a contractor. In all cases, the project manager is responsible for retrieval of the key when the project is completed.
2. Key control is focused on building control. Desks, file cabinets, and special departmental equipment keys and locks are only a part of the control system at CSH.
3. Key Audit: At any time, when key control in an area appears weak, a listing of keys that were issued to that department and its employees will be sent to that responsible area for verification and/or corrective action. It is the department's responsibility to conduct audits and report the results to the Director of Plant Operations or appropriate Building Key Control Coordinator.
4. Key Transfer: Keys shall not be transferred to other personnel within a department. Each time a person leaves, it is up to the responsible department to insure that the key(s) the person held is returned to the appropriate designated area to clear that person's record. This is covered in the release packet completed by all employees upon

separation from employment. However, a new request form shall be completed and signed by individuals transferred into the department. (See Appendix - for sample form).

5. Lost Keys: Loss or theft of hospital keys must be reported immediately to the immediate supervisor and other appropriate designated individuals. All key records must be immediately updated to reflect loss of key(s) and any corrective actions required. Service Chiefs, Department Heads, Service Directors or Office Directors will ensure appropriate incident reports are completed and, where indicated, appropriate disciplinary action taken.
6. Unauthorized duplication of hospital keys is strictly prohibited. USE KEY BLANKS STAMPED "DO NOT DUPLICATE" ON ALL STATE KEYS.

D. POLICY STATEMENT:

The designated Building Key Control Coordinator is responsible for the control, distribution and installation of all locks and keys covered by this policy. No building keys or locks will be issued, changed, duplicated, deleted or replaced without written authority and direction by the Building Key Control Coordinator.

No locks will be keyed away from the Great Grandmaster key or Building Master key without permission from the Chief Executive Officer or his designee. The issue of all locks and keys will require a written request by the Service Chief, Department Head, Service Director, Office Director, or Plant Operations.

The duplication, or attempted duplication, of any lock or key used at CSH is strictly prohibited except as authorized.

## II. PROCEDURE

The designated Building or Department Key Control Coordinator has overall responsibility for control of the issuance of all hospital keys, the delegation of duties, as well as operational guidelines. Present delegation for Great Grand Master key issuance is to the Plant Operations Director, along with re-keying, key cuts, access to custodial closets, electrical and mechanical rooms and maintenance of the key system. The Plant Operations Director, with approval of the Chief Executive Officer, is required to sign off on issuance of Great Grand Master keys. Departmental key requests for building masters, and individual keys

required by the department employees, are the responsibility of the Service Chiefs, Department Heads, Service Directors or Office Directors.

**OBTAINING KEYS: DEPARTMENTAL AND HOSPITAL GENERAL**

**RESPONSIBILITY**

**ACTION**

Employee	Complete a key request form and submit to supervisor (See Appendix A)
Supervisor	<ol style="list-style-type: none"><li>1. Determine the keys required to gain access desired and control features needed. List those keys on key request form.</li><li>2. Obtain appropriate Service Chief, Department Head, Service Director or Office Director Signature on key request form.</li><li>3. Submit key request form to designated Building Key Control Coordinator. Only keys listed should be issued.</li></ol>
Key Control Coordinator	Issue keys to employee and ensure proper signatures have been obtained.
Project Manager (applicable for contractors only)	<ol style="list-style-type: none"><li>1. Determine the keys required to gain access desired and control features needed. List those keys on key request form.</li><li>2. Submit key request form to Plant Operations Director.</li></ol>
Plant Operations Director	<ol style="list-style-type: none"><li>1. Review for need and validity of key assignment to contractors based on contracted project. If appropriate, approve request.</li><li>2. Approve issuance of keys to contractor.</li></ol>
Project Manager	Upon completion of project ensure assigned keys are returned.

**LOST, MISSING OR STOLEN KEYS**

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|---|--|
| Employee                                | <ol style="list-style-type: none"><li>1. Upon discovery of lost, missing or stolen keys, immediately notify supervisor, police chief and other designated individuals.</li><li>2. Complete a key request form and submit to supervisor.</li><li>3. Complete a Critical Incident Report (CIR) form.</li></ol>   |
| Supervisor                              | <ol style="list-style-type: none"><li>1. Determine the keys required to gain access desired and control features needed. List those keys on key request form.</li><li>2. Review CIR and determine if disciplinary action is warranted.</li><li>3. Obtain appropriate Service Chief, Department Head, Service Director or Office Director signature on key request form.</li><li>4. Submit key request form to the Building Key Control Coordinator .</li><li>5. Forward CIR to Service Chief, Department Head, Service Director or Office Director with recommendations regarding disciplinary action.</li></ol> |
| Key Control Coordinator                 | <ol style="list-style-type: none"><li>1. Determine replacement cost of keys and refer employee to Cashier's Office. The cost of key replacement is \$ 5.00 per key.</li></ol>  |
| Director or Plant Operations Department | <ol style="list-style-type: none"><li>2. Upon receipt of request form, duplicate key and forward along with documentation to the Building Key Control Coordinator.</li></ol>   |
| Employee                                | <ol style="list-style-type: none"><li>1. Pay replacement cost (\$5.00 per key) of lost keys through Cashier's Office.</li></ol>  |

2. Obtain documentation of payment for lost keys.

Key Control Coordinator

Issue keys to employee and ensure proper signatures have been obtained.

**TRANSFER, SEPARATION OF EMPLOYMENT OR RETIREMENT**

Employee

1. Notify supervisor of intent to transfer, resign or retire from employment.
2. Report to Human Resources Office to pick up clearing packet.
3. Turn key(s) into Service Chief, Department Head, Service Director, Office Director of Plant Operations Department.

Key Control Coordinator

1. Verify previously assigned keys have been returned.
2. Document verification in clearing packet.

**APPROVED BY:**

**This policy has been approved by the CEO and CMO on August 2009.**

**ATTACHMENTS:**

Attachment 1: Central State Hospital Key Request

KEY NUMBER  
(see listing below)

ROOM NUMBER  
(see listing below)

**CENTRAL STATE HOSPITAL  
KEY REQUEST**

BUILDING \_\_\_\_\_ EMPLOYEE ID # \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

DATE \_\_\_\_\_ ORG NO. \_\_\_\_\_ PHONE NO. \_\_\_\_\_

KEY RECIPIENT (TYPE OR PRINT) \_\_\_\_\_ TITLE \_\_\_\_\_ PART-TIME/FULL TIME  
(CIRCLE ONE)

DEPARTMENT HEAD (TYPE OR PRINT) \_\_\_\_\_ DEPARTMENT HEAD SIGNATURE \_\_\_\_\_

ISSUED BY (KEY SHOP USE ONLY) \_\_\_\_\_

EXPLANATION FOR KEY AUTHORIZATION

NEW EMPLOYEE \_\_\_\_\_  
TRANSFERRED FROM \_\_\_\_\_

REPLACEMENT \_\_\_\_\_

OTHER \_\_\_\_\_

KEY RECIPIENT STATEMENT OF RESPONSIBILITY

I understand that keys are the facility system property and are entrusted to me as part of my employment responsibility. I further understand that failure to handle keys in accordance with the key holder procedures, a copy of which I have been given, may subject me to disciplinary action and may require that I provide restitution for losses resulting from that failure.

I agree to return the key(s) at any time requested or upon termination of my employment. I further agree that I will not have key(s) duplicated at any off-campus site.

KEY RECIPIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

***KEYS ISSUED & EMPLOYEE INITIALS***

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____