CONTRACTOR ACCESS ASSESSMENT FORM—TO BE USED TO DETERMINE KEYS NEEDED FOR A PROJECT

DATE

PROJECT NAME/#

BLDG # BLDG NAME

UM DEPT IN CHARGE OF PROJ CONTACT PERSON

UM STAFF PHONE UM STAFF FAX

CONTRACTOR COMPANY NAME

CONTRACTOR CONTACT PERSON

PHONE FAX

ACCESS NEEDED:

ALL MACHINE ROOMS IN BLDG? Y OR N (circle one) List rooms if N. Key Office will provide one or more key numbers that will accomplish this access need.

ALL ELECTRICAL CLOSETS IN BLDG? Y OR N (circle one) List rooms if N. Key Office will provide one or more key numbers that will accomplish this access need.

ALL OCCUPIED ROOMS IN BUILDING? Y OR N (circle one) If yes, provide description of their activities or the equipment needing servicing that requires access to every room. If no, provide list of rooms that contractor needs access to, Key Office will provide one or more key numbers that will accomplish this access need.

If contractor needs access to all rooms in a building, a top level master key will be issued. This key should be stored securely while in use and not in use. If lost, it is to be reported promptly by the contractor to the UM Department of Public Safety, the Key Office and the department that authorized the key. The department that authorized the key must report its loss to the departments that are affected by its loss.

FAX TO KEY OFFICE AT 7-4761. KEY OFFICE WILL FAX BACK INFO NEEDED TO MAKE OUT EACH KEY REQ FORM. SEND THIS FORM & KEY FORMS WITH CONTRACTOR TO KEY OFFICE. 1 KEY PER FORM

KEY #'S PREPARED BY