FACILITIES SERVICES STANDARD PRACTICE

HOUSEKEEPING

KEY LOG

TITLE:

INSTRUCTION NUMBER:

30-0024.1

HOUSEKEEPING KEY LOG

Key Cabinet	Name of Individual Receiving Key(s) (Print First and Last Name)	Key Chain Tag Number	Date			Name of Supervisor	Initials	
			Ou	t	In	(Print First and Last Name)		
PREPARED BY: GLA		DATE OF ISSUE: 04/30/24		PAGE: 1 of 1]	1	
		UPERSEDES: NA						