



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4799
www.usuhs.edu



October 18, 2022

SUBJECT: Key Control Procedures for the Uniformed Services University of the Health Sciences

Instruction 5211

(SEC)

ABSTRACT

This Instruction promulgates key control requirements for the Uniformed Services University of the Health Sciences (USU).

A. Reissuance and Purpose. This Instruction reissues USU Instruction 5211, Key Control Procedures for USU (*Reference (a)*), and serves to establish policies and procedures concerning the key control program for USU.

B. Reference. *See Enclosure 1.*

C. Applicability. This Instruction applies to all students and employees, military and civilian, at the USU complex.

D. Policy. It is USU policy that all door/room access keys be issued and controlled at the Department/Activity level by the Key Custodian and the employee receiving the key is responsible for its use and safekeeping.

E. Responsibilities.

1. Vice President for Finance and Administration (VFA) shall ensure that a key control program is established and operational. The enforcement of this program will be delegated to the USU Director of Security.

2. Key Control Officer (KCO) shall be directly responsible for the USU key control program. The KCO will assign all key control functions and key issuance responsibilities to a senior physical security staff member, Security Key Control Custodian (SKCC).

3. Department Chairs/Activity Heads shall:

a. Appoint a Key Custodian and an alternate in writing. A copy of the appointment letter will be submitted to the SKCC. *See Enclosure 4.*

b. Establish department/activity Key Control procedures in accordance with (IAW) this Instruction. Ensure that key authorization is terminated upon changes of status of the individual (e.g., transfer, termination, separation).

c. Report immediately to the KCO, loss or suspected loss of the keys/locks, which would possibly allow authorized access to a laboratory/office. Immediate action should be taken by the department/activities.

d. Ensure keys are inventoried with each change of a Key Custodian.

e. Ensure that all inventory sheets are held for a period of three years.

4. Key Custodian shall:

a. Maintain responsibility for all matters involving internal issuance/turn-in of keys for offices/laboratories within their department/activity areas.

b. Utilize USU Form 5211, "Key Control Logs" in order to maintain an official record of all keys issued.

c. Follow procedures as outlined in this Instruction.

5. Alternate Key Custodian shall assist the primary Key Custodian as required.

6. Facilities (FAC) Department shall:

a. Provide locksmith service upon receipt of a Service-Now request (*See Enclosure 2*) from the Key Custodian, as approved by the KCO.

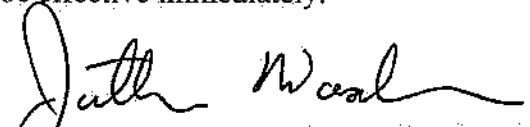
b. Replace damaged and/or unserviceable keys. Lost or damaged keys for restricted areas will be replaced only after written approval of the KCO, following the completion of an incident report. *See Enclosure 6.*

c. Maintain the central key room. Duplicate keys, key blanks, and key making equipment will be stored in the central key room. Access will be strictly controlled and the space must be secured when not in use.

d. Repair and maintain security containers, access control devices, and locks.

F. Procedures. *See Enclosure 2.*

G. **Effective Date**. This Instruction will be effective immediately.



Jonathan Woodson, MD, MSS, FACS
President

Enclosure.

1. Reference
2. "Service Now" Instructions / Request Form
3. Procedures
4. Key Custodian Appointment Letter for Department Head/Chair
5. USU Form 5211, "Key Control Logs"
6. Incident Report

REFERENCE

(a) USU Instruction 5211, "Key Control Procedures for the Uniformed Services University of the Health Science," dated September 16, 2008 (hereby canceled).

SERVICE NOW KEY REQUEST INSTRUCTIONS

1. The Department Key Custodian must submit a key request through the “Service Now” request portal. Each field should be filled out completely.

* Who is this request for?

Jeffrey Jurgelut

* What is the request type?

-None-

* Requester's Department

* What is the requester's phone number?

* Building Number

-None-

* Room Number / Office Number

▼ More information

Location details where the work is to be performed. (i.e. Hallway associated with Room number/Office Number)

* Is there a date the request must be completed by?

* Please describe in details about the request

* Please provide the justification for the request

PROCEDURES

1. Keys. Issuance, maintenance, and accountability of keys is the internal responsibility of the department/activity head and the Key Custodian(s). The issuance of keys should be held to an absolute minimum consistent with operational requirements. Positive control, accountability, and protective storage are required for keys. Keys issued to individuals by the Key Custodian will be accounted for and turned in upon termination or transfer of employment. Key duplication compromises the integrity of a facility and is prohibited by persons other than USU locksmiths.

2. Individual Key Custody. Keys shall not be passed from one person to another. Keys assigned to individuals on a continuing basis shall not, ordinarily, leave the personal custody of those individuals. Individuals shall acknowledge receipt of keys by signature on the required forms.

3. Criteria for Issuing Keys. Keys must be issued only to those persons with a need. Requests are submitted by the Key Custodian and approved by the Department/Activity head. Convenience or status is not a sufficient criteria for issue of a key. Issuance of master keys will be strictly controlled and no more than two master keys will be issued per Department/Activity.

4. Key Control Duties. USU key control personnel shall perform the following when performing key control duties:

a. The KCO shall maintain overall responsibility for the key control program within the USU community.

b. Security Key Control Custodian (SKCC) Responsibilities include the following:

- 1) Ensure that Key Custodians receive appropriate training to perform their duties.
- 2) Develop and maintain a comprehensive key and lock control program.
- 3) Conduct yearly audits of Departments/Activity key control procedures.
- 4) Control/monitor security related keys and locks that would give direct or secluded access to pilferable or sensitive material or property.
- 5) Reconcile key and lock records with the inventories forwarded by the Departments/Activities.
- 6) Ensure that inventories are being conducted by all Departments/Activities.
- 7) Advise the Director of Security and all Key Custodians on all matters relating to key control program changes.
- 8) Ensure that proper investigations are conducted into the loss, theft, or system abuse of the key control program.

9) Provide administrative supervision over the security of the key control program.

10) Approve/disapprove all requests for keys by Key Custodians.

11) Provide forms and all directions for administering the key control program.

c. Department Level Key Custodians shall:

1) Maintain a responsibility for the control of keys internally within the Department/Activity. Though Key Custodians are assigned to maintain internal control of keys, they are not ultimately responsible for the possession or use of keys. This is the responsibility of the individual with physical possession of any USU keys.

2) Be in charge of the issuance of keys to newly assigned personnel and to take control of keys from departing personnel, since individuals within the Departments/Activities are aware of incoming and departing personnel well before other Departments/Activities within USU.

3) Store and maintain inventories of any excess keys in the possession of their respective Departments/Activities. Key Custodians sign for all keys on key cards provided by the SKCC. These cards are then maintained by the SKCC. Excess keys may be issued to personnel in need of keys and deemed as necessary requirements, by the Key Custodian.

4) When issuing keys, internally, the Key Custodian will fill out USU Form 5211, which lists the key number, room number, the date the specified key was issued and a signature of the individual the key is being issued to. Form 5211 is then used as an inventory item, maintained by the Key Custodian, for location of a specific key.

5) On occasions when it is necessary to request a key be made by Facilities (FAC), the Key Custodian will fill out the Service-Now request and FAC will forward it to USU Security Department for approval by the SKCC.

6) The SKCC shall review the request and perform one of the following:

a) If approved, an email confirmation will be sent to the Department Key Custodian and the SKCC will process the requests for the cutting of keys, at which time FAC will notify the SKCC who will pick up the keys and deliver them to the requesting Department/Activity for signature by the Key Custodian. The Key Custodian will then issue the key internally as necessary.

b) If disapproved, requests will be returned to the requesting Department/Activity, with a written basis for the disapproval. The SKCC will notify PAC of the disapproved request.



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06 MARCH 2022

To: Director of Security
From: Department Head/Chair

SUBJECT: Letter of Designation for [Department of Security and Safety] Key Custodian (s)

1. The individuals listed below are designated by me to maintain the USU key control program in accordance with USU Instruction 5211 for the Department of [Dept Name], and as such will serve as primary and alternative key custodians for the purpose of requesting keys, issuing keys, and accountability of same.
2. The Department of [Dept Name], occupies spaces in USUHS building(s) [Dept Info]. The individuals listed below will serve as primary and alternative key custodians for those spaces as indicated.

Name	Phone	Email	Designation Type
Jane Smith	301-295-0000	Jane.Doe@usuhs.edu	Primary
John Doe	301-295-0000	John.Doe@usuhs.edu	Alternative

3. If you have any questions or concerns, please call [Jane John Doe, at 301-295-0000].

Electronic CAC Signature
Jane, Doe, M.D.
Department Head

KEY CONTROL LOG _____ (Department)

NAME: _____
TITLE: _____

Key#: _____
Room#: _____
Issue on: _____
Signature: _____
Returned On: _____
Signature: _____

Key#: _____
Room#: _____
Issued on: _____
Signature: _____
Returned On: _____
Signature: _____

Key#: _____
Room#: _____
Issue on: _____
Signature: _____
Returned On: _____
Signature: _____

Key#: _____
Room#: _____
Issued on: _____
Signature: _____
Returned On: _____
Signature: _____

Key#: _____
Room#: _____
Issue on: _____
Signature: _____
Returned On: _____
Signature: _____

Key#: _____
Room#: _____
Issued on: _____
Signature: _____
Returned On: _____
Signature: _____

By signature, I hereby certify that I assume custody of the key (s) assigned to me. I fully understand my personal responsibilities to ensure the safekeeping of such keys and agree to return such key (s) in the event of my departure from the department.

USU FORM 5211 (Sec)

	USU LOST CAC/ ID CARD / KEYS REPORT	
PLEASE PRINT CLEARLY		
1. NAME (Last, First, MI)	2. COMMAND & DEPARTMENT	
3. DATE OF INCIDENT:	4. PLACE OF INCIDENT	
<i>Common Access Cards (CAC)/ Base ID Cards are the property of The United States Government and holders are require to safeguard their ID Card/ CAC at all times. Base ID office requires an individual to present documentation to NSAB Security confirming the card is lost/ stolen. This document must be presented to Base Security and Servicing ID Card office for a replacement CAC/ ID Card.</i>		
5. PLEASE CHECK THE TYPE OF ID LOST/ STOLEN <input type="checkbox"/> COMMON ACCESS CARD (CAC) Parking Pass / Hang Tag / Sticker <input type="checkbox"/> NSAB CREDENTIAL <input type="checkbox"/> DOD VOLUNTEER PIV CARD <input type="checkbox"/> USU ID / ACCESS CARD / KEYS		
6. LOST OR STOLEN CARD REPLACEMENT REQUIRES CONFIRMATION SIGNATURE BY THE FOLLOWING PERSONNEL: (CHECK THE ONE THAT THAT APPLIES TO YOU) <input type="checkbox"/> SERVICE MEMBER – COMPANY COMMANDER AND SECURITY DEPARTMENT <input type="checkbox"/> DOD CIVILIAN- SUPERVISOR AND SECURITY DEPARTMENT <input type="checkbox"/> CONTRACTOR – SUPERVISOR AND SECURITY DEPARTMENT <input type="checkbox"/> VOLUNTEER – SPONSOR AND SECURITY DEPARTMENT		
7. EXPLANATION OF INCIDENT <i>(Please be as descriptive as possible)</i>		
<i>I understand that I am responsible for the misuse of the above item and if recovered I will immediately return it to the Security Office. My signature on this form indicates that the information contained herein is true and correct to my knowledge.</i>		
8. SIGNATURE OF MEMBER:	PRINT NAME:	DATE

Enclosure 6

9. COMPANY COMMANDER/ SUPERVISOR'S SIGNATURE	PRINT NAME:	DATE
10. SECURITY OFFICIAL SIGNATURE	PRINT NAME:	DATE

USUHS Instruction 5200 (SEC) 29 June 2021