

Organisation

Address (optional)

Key receipt

Reference no.

Place

Date

Time

Employee

Name

Staff number (optional)

Department / site

Issued by

Name

Role

Keys and access media

Description	Key / fob number	Access area	Qty

Issue

Date of issue

Acknowledgement

I have received the keys listed above. I will not pass them on to third parties, will not have copies made and will report any loss to the issuing party without delay. When my employment ends, when I move to another area of work or on request, I will return the keys in full.

Employee

Signature

Name

Place, date

Issued by

Signature

Name

Place, date

Return

Returned on

All keys returned

Missing keys

☐ Yes ☐ No

Notes

Returned by

Signature

Name

Place, date

Received back by

Signature

Name

Place, date