

BUILDING GRAND MASTER KEY (GMK) ISSUE REQUEST FORM

PF354

Does the work you are requesting a key for require Roof Access? Yes No

If Yes, please contact the appropriate Project Manager or P&F Client Facility Manager for approval to access the roof.

Does the work you are requesting a key for require access to potentially Hazardous Areas? Yes No

If Yes, please contact the P&F Occupational Health, Safety and Wellness Manager for approval to access hazardous areas.

UQ AUTHORISING OFFICER

First Name:

Last Name:

Position:

Organisational Unit:

Request for the following key(s) to be temporarily issued:

Building GMK

Roof Access Key

Hazardous Area Key

Building Name:

Building Number:

Precinct:

Date from: / /

Date to: / /

Time from:

Time to:

- **THIS REQUEST FORM DOES NOT INCLUDE THE ISSUING OF GGMK KEYS (FOR GAF RESTRICTED AREAS LEVELS 1, 2 AND ROOMS 411, 501) TO THE OTTO HIRSCHFELD BUILDING (0081).**

- **KEY MUST BE RETURNED TO THE SECURITY OFFICE AT COMPLETION OF WORK EACH DAY.**

- **THE BELOW PERSON HAS BEEN ADVISED OF THE CONSEQUENCES INVOLVING COSTS ASSOCIATED WITH THE RE-KEYING OF THE BUILDING SHOULD THE KEY BE LOST.**

Signature:

Date: / /

REQUESTOR

First Name:

Last Name:

Position:

Company/Section:

For the purpose of (nature of work):

- **I UNDERSTAND THE KEY MUST BE RETURNED TO THE SECURITY OFFICE AT COMPLETION OF WORK EACH DAY.**

- **I HAVE BEEN ADVISED BY THE UQ AUTHORISING OFFICER OF THE CONSEQUENCES INVOLVING COSTS ASSOCIATED WITH THE RE-KEYING OF THE BUILDING SHOULD THE KEY BE LOST.**

Signature:

Date: / /

PHOTO IDENTIFICATION IS REQUIRED BEFORE ANY KEY WILL BE ISSUED