**PURPOSE (SY2001, p. 20-21):** A physical inventory of all keys and access credential devises (ACDs) assigned to the department. Local Access Coordinators must be able to demonstrate that all keys are physically present in departmental inventory or accounted for on a Facility Authorization Request (FAAR) form.

**SCHEDULE:** The Annual Audit shall be completed by each Local Access Coordinator after the Spring Routine Audit is complete and shall be due to the College/Administrative Master Access Coordinator. All Annual Audits are required to be turned into the Physical Security Office no later than July 31st.

**ASSUMPTIONS:**

* All assigned keys / ACDs are properly documented onFAAR forms on a perpetual basis.
* The Routine Audit for the Spring Semester has been completed.

**REQUIRED AUDIT ACTIONS:** *(Initial as appropriate)*

**Completed / Not Applicable** *Access Coordinators & Administration:*

Routine Audits were completed for each Semester.

*Keys:*

A complete count of all keys in the Department Inventory was completed.

All assigned keys are listed on a FAAR form signed by the individual to whom they are assigned.

A list of any keys missing since the last annual audit is attached along with a proposed remediation plan. ***(Any lost Grand Master, Building Master and Building Entrance keys were reported to the Physical Security Office as soon as practical after discovering they were lost.)***

*ACDs:*

Punch-code Doors:

*Single Coded Doors:*The code has been changed at least once within the last year **- OR -**

*Individual Coded Doors:*Audited and inactive employee codes removed.

Access Control Devices (fobs, Access cards, etc.) have all been audited and accounted for; lost devices have been disabled/deleted from the system

CCUREPermanent Clearances: Clearances have been reviewed to ensure that they are:

* Still required and being utilized within the department;
* Accurately programmed;
* Appropriately named according to suggested naming conventions;
* Combined as much as practical to promote efficiency;
* Documented on a FAAR form for each individual and each clearance assigned; **AND**
* Contain only appropriate personnel affiliated with department or a member of approved college Administration, Facilities/Safety, or IT staff.

*Audit Exceptions:* Please list any audit exceptions or deficiencies (including proposed correction plan) found during the audit, if applicable. (Use separate sheets if necessary.)

Click or tap here to enter text.

**OPTIONAL AUDIT ACTIONS:** *(Initial as appropriate)*

**Completed / Not Applicable**

*Keys:*

An assigned-key spot check was performed on *Date* by department personnel comparing their completed FAAR form with the keys currently in their possession. *(Please list names below.)*

Click or tap here to enter text.

*Other Audit Actions:* Please list any other completed audit actions taken, if applicable.

Click or tap here to enter text.

*By my signature below, I certify that the actions taken above have been completed for this department and that any audit findings have been communicated to the Department/Administrative Master Access Coordinator for follow up.*

**DEPARTMENT NAME:** Click or tap here to enter text.

Click or tap here to enter text.

*Date Access Coordinator Signature User ID (abc1234)*

***The ORIGINAL HARDCOPY or an ELECTRONICALLY SIGNED COPY of all completed audits and any supporting documentation shall be forwarded to the Department/Administrative Unit Master Access Coordinator for centralized retention.***

***Master Access Coordinators’ annual audit responses will be collected electronically via survey.***