**PURPOSE (SY2001, p. 19):** To ensure that all key/ACD holders remain affiliated with the department / work unit.

|  |  |  |  |
| --- | --- | --- | --- |
| **SCHEDULE:** | **Semester** | **Audit Timeframe** | **Routine Audit Due:** |
|  | Fall | August 21 – December 31 | February 1 (following year) |
|  | Spring | January 1 – May 11 | \*July 1 |
|  | Summer | May 12 – August 20 | October 1 |

*\*Annual Audit due to Physical Security Office July 1st – July 31st.*

**ASSUMPTION:** All assigned keys /access credential device (ACD) are properly documented onFacility Access Authorization Request (FAAR) forms on a continuous basis.

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

**Completed / Not Applicable** *Documentation:*

[ ] [ ] All FAAR forms were compared to an active personnel list. All inactive employee

documentation was removed from active files and filed for retention.

*Keys:*

[ ] [ ] Attach a list of any missing keys that need to be retrieved from inactive personnel.

*ACDs:*

[ ] [ ] Punch-code Doors:

*Single Coded Doors:*Code changed (if needed) **- OR -**

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

[ ] [ ] CCURE Temporary Clearances:

 - Previous semester temporary clearances DELETED **- AND -**

 - Current semester temporary clearances CREATED using effective dates.

[ ] [ ] CCUREPermanent Clearances: All inactive employee access removed.

*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 Master Access Coordinator for follow up.*

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

Click or tap here to enter text.

*Date Local Access Coordinator Signature User ID (abc1234)*