Ohio Department of Rehabilitation and Correction

# Acknowledgement of Contractor Orientation for Key Control

I, _____

(Print Name)

hereby acknowledge that I have received training/instruction in the use, control and care of institutional keys. I understand that I am responsible for and aware of the following procedures.

1. Once issued to me, the keys become my responsibility and I am accountable for them.

2. I understand that the keys are never to be given to or handled by Inmates.

3, I understand that the keys are to be in my possession at all times, and that the Keys are to never be placed in a desk drawer, or left lying around.

4. I understand that if the keys are lost or misplaced that I am to notify the Area Supervisor and the Shift Commander immediately.

5. I understand that if I fail to return my keys after my tours of duty and leave the institution with the keys, I must return them as soon as discovered. I also understand that if the institution discovers the missing keys, and notified me, I must return the keys immediately.

I fully understand and will comply with the Key Control Procedures as outlined in this training and as outlined in Policy 310-SEC-37.

| Signature: | Date: |
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