



HIGH DESERT
HEALTH SYSTEM

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
High Desert Regional Health Center Facilities Management Department
Key/Card Request

Employee Name: _____ Employee Title: _____

Employee Number: _____ Non-County Emp Contract Number: _____

Location: HDRHC SVHC AVHC LRHC LLHC Acton

Building: _____ Dept: _____ New Emp? Yes No

Dept Head Requestor: _____ Contact number: _____

Room Number		Key Number		Key Use

KEY CARD

Card Access		Area		Card Use

HIGH RISK AREAS - Area Department Head MUST sign below

ADMIN HR DMH CASHIER HIM PHARMACY MED ROOMS
GIFT SHOP IT WAREHOUSE FACILITIES

Room Number		Key Number		Key Use

Card Access		Area		Card Use

High Risk Dept Head / Designee: X. _____ Date: _____

Department Head / Designee: X. _____ Date: _____

Chief Executive Officer/Designee: X. _____ Date: _____