

High Desert Health Center Group

Date: _____

TO: _____

FROM: _____

Subject: Semi-Annual Key/Card Access for High Risk Areas

Per HDRHG Policy 1417, keys and key card access for high risk areas must be reviewed by the area manager twice each year. You have been designated as the reviewing manager for the following area(s):

- | | |
|--|--|
| <input type="checkbox"/> Cashier | <input type="checkbox"/> Department of Mental Health Offices |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Facilities |
| <input type="checkbox"/> Health Information Management | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Medication Rooms |

Please review the attached reports, check the appropriate box or boxes below, sign the form, and return it to the Facilities Director by, Date: _____.

- I have reviewed the attached report and determined that keys and key card access for this area is correct and no changes are needed at this time.
- I have reviewed the attached report and request that key card access be removed for this area for the following staff members:

E/C #	Name	E/C #	Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The following staff members have been directed to turn in keys, as noted below:

E/C #	Name	Key #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature Reviewing Manager: _____

Date: _____