



COLLEGE OF
VETERINARY MEDICINE

College of Veterinary Medicine Policies and Procedures

Subject:

Key and Card Access Administration

Section: Administrative

Number: CVM 55.1.17

Pages: 2

Date: 2021

Replaces Policy Dated: 2012

Cross Reference:

Key and Card Access Administration

The College of Veterinary Medicine will maintain the key and card access systems for the Wise Center and other CVM facilities through the Facilities Services branch of the Administrative Support function.

Facilities Services will be responsible for maintaining records of key and card access transactions and lock changes. Program and departmental supervisors will be responsible for keys requested for personnel they supervise.

Card access, keys and routine lock maintenance services will be provided at no charge to CVM programs and Wise Center occupants who are part of the DAFVM Cost-Sharing Plan. The cost of hardware changes, lost keys or rekeying locks will be borne by the user/requestor.

Procedure:

1. To obtain keys and card access privileges, the user/requestor must submit a Card Access/Key Request Form (attached) to the Facilities Services Office.
2. The following administrative approvals will be necessary:
 - a. None-for individually assigned offices.
 - b. Program/Dept. Level-for restricted access spaces, master keys, and exterior doors.
 - c. Office of the Dean-for grand master and great-grand master keys, and for exterior doors.
3. Where possible, the person carrying the key should acknowledge receipt of the key on the Card Access/Key Request Form. This record will remain in the file until the key is returned.
4. The Facilities Services Office will notify supervisors of outstanding keys when employees leave CVM. Supervisors have the responsibility of recovering keys and I.D. cards and returning them to Facilities Services.
5. Employees with card access privileges are responsible for immediately notifying Facility Services when I.D. cards are lost. Card access privileges will end effective the employee's date of termination or resignation.

Approved: _____

Kent H. Hoblet
Kent H. Hoblet, Dean

9/16/2021
Date

CARD ACCESS/KEY REQUEST FORM

9/2014

Date Requested: _____
 Name: _____
 MSU ID#: _____
 Program: _____

Facilities Services
 College of Veterinary Medicine
 Mississippi State University

Card Access Request

Class D unless otherwise specified (24 hr access including holidays)

L2001 SW Entrance	Approved:	A2211	Approved:	Loading Dock Entrance	Approved:
L2001 Dean's Entrance	Approved:	A2214 Microbiology	Approved:	BioMed Right Entrance	Approved:
L2601 MDL Entrance	Approved:	A2216	Approved:	BioMed Left Entrance	Approved:
Gate Entrance	Approved:	A2220	Approved:	BioMed Office	Approved:
Operator's Desk	Approved:	A2223	Approved:	BioMed Annex Right Ent.	Approved:
Field Services Exit	Approved:	A2232	Approved:	BioMed Annex Left Ent.	Approved:
A1028 Tool Room	Approved:	A2238	Approved:	Fish Lab	Approved:
A1202 Clinical Path.	Approved:	A2239 Student Lab	Approved:	Equine Isolation	Approved:
A1202A Clinical Path.	Approved:	A2244	Approved:	Scales 1	Approved:
A1204	Approved:	L2309	Approved:	Scales 5	Approved:
A1208 Sample Receiving	Approved:	L2311	Approved:	Carpenter's Shop	Approved:
A1215A Pathology	Approved:	L2313 Ext.	Approved:	Morgan Freeman East Ext	Approved:
A1215C	Approved:	L2314	Approved:	Neo Natal Isolation	Approved:
A1301 Dog Walk	Approved:	TV Center Exterior Stairs	Approved:	NECROP Receiving Dock	Approved:
A1312	Approved:	L2001 NE TV Center	Approved:	NECROP SampRec A1007	Approved:
A1321	Approved:	L2402 TV Center	Approved:	NECROP Front Corridor Ent	Approved:
A1322 LA Corridor	Approved:	L2405 TV Center	Approved:	NECROP Histology A1009	Approved:
A1509 SA Isolation	Approved:	L2507A TV Center Office	Approved:	NECROP Rear Corridor Ent	Approved:
A1401 AHC Entrance	Approved:	L2506 MDL SE	Approved:	NECROP A1012 Rear	Approved:
A1401 AHC Exit	Approved:	L2506 MDL NW	Approved:	NECROP Rear Door	Approved:
A1425 LA Side	Approved:	L2508 Vet Tech Classroom	Approved:		Approved:
A1425 SA Side	Approved:	L2508 Rear Door	Approved:	Supply Room A1454	Approved:
A1425a Medical Records	Approved:	L2515 Storage	Approved:	MDL Dog Walk	Approved:
A1426 Conference	Approved:	L3116 MDL SE	Approved:	Scales Walk-Thru Gate	Approved:
A1427 Conference	Approved:	L3116 MDL NW	Approved:	Shelter Med Drug Cabinet	Approved:
A1431 AHC Entrance	Approved:	L3130 MDL	Approved:		Approved:
A1432 SA Corridor	Approved:	1 st Floor Faculty	Approved:		Approved:
A1446 ITS	Approved:	1 st Floor Stairwell	Approved:		Approved:
A1447 ITS Hallway	Approved:	2 nd Floor Faculty	Approved:	Pharmacy Control Drugs	Approved:
A1448 Security	Approved:	2 nd Floor Stairwell	Approved:	Pharmacy Closet	Approved:
A1449 Closet	Approved:	R2230 2A Entrance	Approved:	SA Closet	Approved:
A1517 AHC Emergency	Approved:	1A Entrance	Approved:	LG Animal Closet	Approved:
A1555 Dog Walk	Approved:	2A Stairwell	Approved:	ICU Drug Cabinet	Approved:
A1741 Dog Run 4	Approved:	R2209	Approved:	A1921 Equine Drug Cab	Approved:
CVM Dog Walk Gate	Approved:	R2223	Approved:	A1119 Field Serv Drug Cab	Approved:
ICU Dog Walk	Approved:	R3200	Approved:	A1120 PPM Pharmacy	Approved:
Equine Walk Thru	Approved:	R3281 Toxicology Lab	Approved:	A1318 FA Drug Cabinet	Approved:
A2203	Approved:	3A Main Animal Rm.	Approved:	Therio Drug Closet	Approved:
A2210	Approved:	3A Rear Animal Rm.	Approved:	Therio Control Drugs	Approved:

Begin Access: _____

Approved: _____

End Access: _____

Note: Unless noted otherwise, access will begin
 when this form is received. Access will end
 effective date of either termination or resignation.

Program Manager_____
Date

CARD ACCESS/KEY REQUEST FORM

9/2014

Date Requested: _____
 Name: _____
 MSU ID#: _____
 Program: _____

Facilities Services
 College of Veterinary Medicine
 Mississippi State University

Key Request

Room # _____	Key Serial # _____	Signature _____	Date Received _____
Room # _____	Key Serial # _____	Signature _____	Date Received _____
Room # _____	Key Serial # _____	Signature _____	Date Received _____
Room # _____	Key Serial # _____	Signature _____	Date Received _____
Room # _____	Key Serial # _____	Signature _____	Date Received _____
Room # _____	Key Serial # _____	Signature _____	Date Received _____
Room # _____	Key Serial # _____	Signature _____	Date Received _____
Room # _____	Key Serial # _____	Signature _____	Date Received _____
Room # _____	Key Serial # _____	Signature _____	Date Received _____
Room # _____	Key Serial # _____	Signature _____	Date Received _____

Approved:

 Program Manager

 Date