

Email form to  
(katrll1@vt.edu)

**Department of Physics (MC 0435)**  
 222 Robeson Hall,  
 850 West Campus Drive  
 Blacksburg, Virginia 24061  
 540-231-2709  
 Email: [katrll1@vt.edu](mailto:katrll1@vt.edu)  
[www.phys.vt.edu](http://www.phys.vt.edu)

## KEY CHECKOUT AGREEMENT

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_ VT or Entity ID#: \_\_\_\_\_

I acknowledge by my signature and/or initials that the following keys are issued for my use only. The keys will not be loaned or transferred to another individual without the prior approval of the Director of Business Operations or the Department of Physics' approved administrative staff, nor shall I allow unauthorized individuals access to any rooms. I agree to notify the *Director of Business Operations* in the Department of Physics immediately if any keys are lost or stolen.

I agree to use reasonable care in protecting said keys. Keys at no time should be left unattended (i.e., hanging in a door lock, lying on a desk, etc.) All keys remain the property of Virginia Tech and must be promptly returned to the *Department Main Office* (222 Robeson Hall) upon completion of the project, termination, transfer to another department, or by the date indicated below.

If not returned by the due date, or if lost, misplaced, or stolen. I understand that the Department of Physics reserves the right to charge for replacing the same key(s) and their replacement locks. (*Payment must be made immediately, as invoiced, or a hold will be placed on my HokieSpa account, and/or I will be billed through the Bursar's Office for said keys. Once the key(s) have been returned, or payment has been made to offset the cost, the hold will be released.*)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT FILL OUT ANY INFORMATION IN THE TABLE BELOW

Key Number	Description	Date Issued	Issued By	Date Returned	Received By

SIGN HERE

### Authorization (only for labs that require training)

\_\_\_\_\_ has my permission to be issued keys to the room/lab as specified in the table above. I will then be responsible for including \_\_\_\_\_ on the EH&S Safety Management System (SMS) for my lab and ensure that all proper training requirements are fulfilled.

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_  
 Supervisor/Responsible Party

(Print) \_\_\_\_\_  
 Supervisor/Responsible Party

SIGN HERE