

**CONTROL CENTER KEY ACCOUNTABILITY**State Form 51950 (1-05)
PENDLETON CORRECTIONAL FACILITYState of Indiana
DEPARTMENT OF CORRECTION*(CONTROL CENTER SUPERVISOR: PLEASE COMPLETE AT THE BEGINNING OF EACH SHIFT OR WHEN RELIEVED DURING SHIFT)*

Any time during the course of the shift, when another staff person relieves the staff assigned to key issue, all keys/key rings in the Control Center shall be accounted for with this form being completed by relieving staff. If a key discrepancy is discovered, the Shift Supervisor must be notified immediately. The completed form shall be forwarded to the Shift Supervisor for signature. The Shift Supervisor shall attach the Control Center Key Accountability form with all Control Center daily correspondence and forward to the Custody Supervisor's Office.

KEY RING	STAFF SIGNATURE
BLUE KEY BOARD	
RED KEY BOARD	
WHITE KEY BOARD	
EMERGENCY KEYS	
ARMORY SEQUENCE BOX	
BLUE BOX – RESTRICTED	
RED BOX – RESTRICTED	

Discrepancies or Concerns:

Shift: AM _____ PM _____ Time: _____

I accept full responsibility for all the key/key rings in the Control Center. My signature beside the list of keys acknowledges that they are all present or accounted for with the key accounted for by either a chit or Key Authorization Form when not present.

Signature of the Key Issue Sergeant: _____

Signature of the Shift Supervisor: _____