



U.S. Department of  
Transportation  
Office of the Secretary  
of Transportation

# PHYSICAL SECURITY SERVICE REQUEST

(Order DOT 1610.1)

ADMINISTRATION	OFFICE	BUILDING	ROOM NO.	DATE
AUTHORIZING OFFICIAL SIGNATURE AND PHONE		PERSON TO CONTACT AND PHONE		

## TYPE OF SERVICE REQUESTED

### Lock and Key:

- |                                      |                                       |                                   |                                    |                                      |
|--------------------------------------|---------------------------------------|-----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Best System | <input type="checkbox"/> House System | <input type="checkbox"/> Simplex  | <input type="checkbox"/> Card-Key  | <input type="checkbox"/> Elec-Cypher |
| <input type="checkbox"/> Opened      | <input type="checkbox"/> Installed    | <input type="checkbox"/> Removed  | <input type="checkbox"/> Relocated |                                      |
| <input type="checkbox"/> Changed     | <input type="checkbox"/> Repaired     | <input type="checkbox"/> Serviced | <input type="checkbox"/> Keys Cut  |                                      |

### Classified Storage Containers, Safes and Vaults:

- |   |                                    |                                   |                                    |                                |
|---|------------------------------------|-----------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Mosler             | <input type="checkbox"/> Diebold   | <input type="checkbox"/> S & G    | <input type="checkbox"/> R. Rand   | <input type="checkbox"/> Other |
| <input type="checkbox"/> Opened             | <input type="checkbox"/> Installed | <input type="checkbox"/> Removed  | <input type="checkbox"/> Relocated |                                |
| <input type="checkbox"/> Combination Change |                                    | <input type="checkbox"/> Repaired | <input type="checkbox"/> Service   |                                |

### Office Equipment Locking Mechanisms:

- |                                       |                                       |                                      |                                   |
|---------------------------------------|---------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> File Cabinet | <input type="checkbox"/> Desk         | <input type="checkbox"/> Typewriter  | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Open Lock    | <input type="checkbox"/> Install Lock | <input type="checkbox"/> Remove Lock |                                   |
| <input type="checkbox"/> Change Lock  | <input type="checkbox"/> Repair Lock  | <input type="checkbox"/> Keys Cut    |                                   |

### Alarms, Intrusion Detection, CCTV Systems:

- |                                 |                                  |                                 |                                   |
|---------------------------------|----------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Survey | <input type="checkbox"/> Install | <input type="checkbox"/> Remove | <input type="checkbox"/> Relocate |
| <input type="checkbox"/> Change | <input type="checkbox"/> Repair  | <input type="checkbox"/> Rekey  | <input type="checkbox"/> Other    |

Other Services: \_\_\_\_\_

## JUSTIFICATION

<b>APPROVED:</b>	<b>DISAPPROVED:</b>
<b>Assigned To:</b> <b>Date Started:</b>	<b>Date Assigned:</b> <b>Date Completed:</b>
<b>Parts/Equipment Used:</b>	<b>Man Hours Required:</b>
<b>Completed Work Received By:</b>	<b>Date Received:</b>