Vendor/Contractor Access Control Policy  
Applies to: University Contractors & Vendors  
Issued: August 2014  

POLICY:

The Office of Facilities Management and Planning will grant access to contractors, vendors, and individuals that conduct business with the University of Nebraska Kearney (UNK) but are not employees, staff, or faculty of the university.

PURPOSE:

This policy establishes a consistent process for requesting access to UNK buildings which the Office of Facilities Management and Planning services. The purpose, is to define responsibilities between all parties involved. The contractor or vendor acknowledges and understands that key, fob, or card access given to their company may be master keys. Failure to return keys will result in the rekeying of one or more UNK buildings. The entity agrees to pay the university for any labor and material due to the lost key(s), FOB, or card.

DEFINITIONS:

A. Office of Facilities Management and Planning – General Services Building, 2507 19th Avenue, Kearney, NE 68849. Business Hours: M thru F, 8:00 a.m. – 5:00 p.m. PH: 308-865-1700.

B. UNK Contractor/Vendor Access Request Form – Form utilized to request access for non-UNK employees, staff, and faculty. This pertains but is not limited to; contractors, vendors, and individuals that do business with the university.

C. Company/Contractor/Vendor – Persons of interest doing business with the University of Nebraska Kearney

D. Building Supervisor – UNK person responsible for the safety and well-being of everyone that enters a designated building.

GUIDELINES:

1. The UNK Office of Facilities Management and Planning Locksmith will issue key/FOB/card access to contractors, vendors, and individuals that do business with UNK. A UNK Contractor/Vendor Access Request Form will be required by the company requesting access. The Building Supervisor’s signature will be required to authorize access to specific buildings. If there are multiple buildings, the Vice Chancellor of Business and Finance may sign as the Building Supervisor. A point of contact will be required from the company that is an authorized financial signature.
2. Key(s)/FOB/card are to be issued directly to the vendor by the UNK Locksmith and not through any other representative of the University. Exceptions are to be approved only by the Director of Facilities.

3. Access will be limited based on access necessary to fulfill duties. For example, the FOB or card may be activated for entry Monday through Friday between 8AM and 5PM. After hours, the FOB/card door access will be disabled by the system.

4. Access will not be given unless the form is completely filled out with proper signatures. The key(s)/FOB/card may be returned ONLY to the UNK Locksmith during business hours. When key(s)/FOB/card are returned, the copy of the UNK Key Request Form will be returned to the contractor/vendor with the locksmith’s signature to indicate the keys were checked-in. It will be the company’s responsibility to keep this form as a receipt. Contractor agrees to return keys within 7 (seven) business days after the Project Completion date on the form ONLY to the UNK Locksmith. Project extension dates maybe requested in person.

5. There will be a cost associated with a lost key(s)/FOB/card. The cost of any labor or material used to re-key, will be the financial responsibility of the company that signed the form. This includes but is not limited to: data entry, key cutting, key form purchase and surveying areas for re-key. All labor and materials will be coordinated through the Office of Facilities Management and Planning. Pending on the key that is lost, total cost could be between $20 and $60,000.

6. Duplication of keys is prohibited by the University of Nebraska Kearney. An attempt to return duplicated keys by another party will assume the key was lost.

7. At any time the Office of Facilities Management and Planning may ask for the keys/FOB/card to be produced for security purposes.

DATE: ________________

COMPANY: ________________________________________________________________

PRINTED NAME: __________________________________________________________

SIGNATURE: __________________________________________________________________
*By signing this form, I indicate that I am an authorized financial signature for the company stated above.