TITLE OF FORM:				
Number of pages:			Procedure Number	
Prepared by:		Date:	Approved by:	Date:
Designation			Designation	

KEY REGISTER

1	2	3	4	5	6	7	8	9	10
Tag no.	**Area**	**Date**	**Time**	**Name of person in charge**	**Signature of person in charge**	**Name of recipient**	**Signature of recipient**	**Returned Lost Replaced**	**Comments**
MS1K1	Medicine store	2008-01-24	14.00hrs	Kelvin	kjohns	T keys	theysn	Returned	

Review Date:					
Date Reviewed:					
Signature:					

TITLE OF FORM:			
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Designation		Designation	

The minimum information to be recorded in the key register is as follows:

1. Tag number- all keys must be allocated a tag number for identification. Example of a coding system could be MS1KI for Main Store 1 key number 1
2. Area – area to which the person collecting the key is going
3. Date – date the key was issued
4. Time- time the key was issued
5. Name of in charge person- name of person in charge of the keys, could be the pharmacy manager or the warehouse manager
6. Signature of in charge- signature of the person in charge of the keys
7. Name of recipient – the name of the person collecting the keys
8. Signature of recipient – the signature of the person collecting the keys
9. Returned, Lost, replaced- record the action and sign and date the action/incident.
10. Comments- this summarizes the action/incident if there is any relevant information to note. E.G keys misplaced in the warehouse

Review Date:					
Date Reviewed:					
Signature:					

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