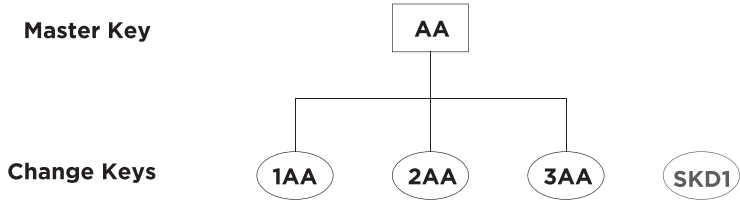
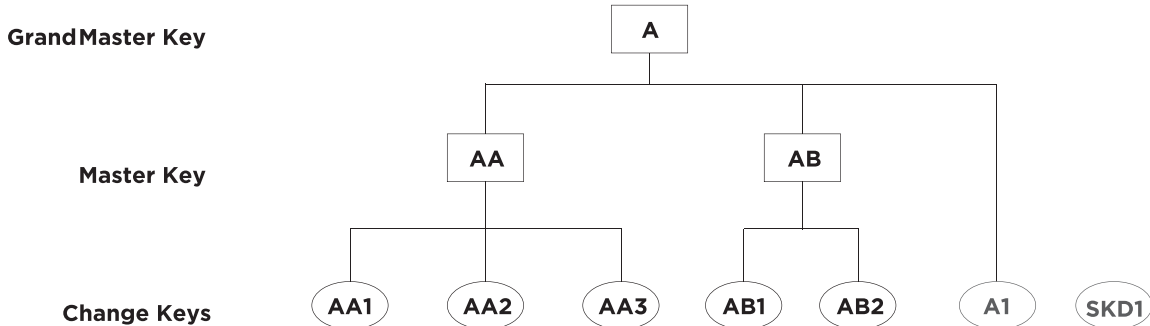


Master Key System Design

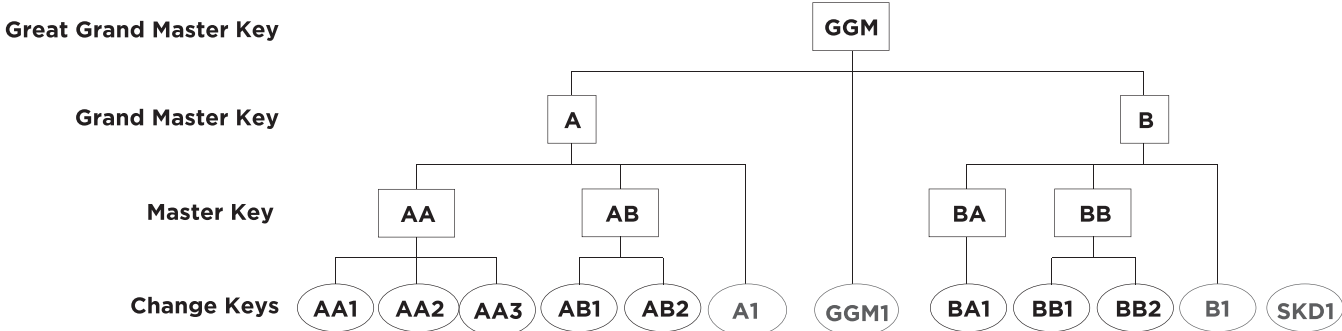
2- Levels of keying



3- Levels of keying



4- Levels of keying



Master Key System Planning Form

Sold To: _____ Ship To: _____ _____ _____ _____		<input type="checkbox"/> Sheet 1 of _____ <input type="checkbox"/> Date _____ Purchase Order No. _____																																																
Job Name and Address: _____ _____ _____ _____ _____	Key Quantity: <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right; font-size: small;">Qty</td> <td></td> </tr> <tr> <td><input type="checkbox"/> GGGM</td> <td style="text-align: right;">_____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> GGM</td> <td style="text-align: right;">_____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> GGM</td> <td style="text-align: right;">_____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> GM</td> <td style="text-align: right;">_____</td> <td></td> </tr> <tr> <td>_____</td> <td style="text-align: right;">_____</td> <td></td> </tr> <tr> <td>_____</td> <td style="text-align: right;">_____</td> <td></td> </tr> <tr> <td>_____</td> <td style="text-align: right;">_____</td> <td></td> </tr> </table>		Qty		<input type="checkbox"/> GGGM	_____		<input type="checkbox"/> GGM	_____		<input type="checkbox"/> GGM	_____		<input type="checkbox"/> GM	_____		_____	_____		_____	_____		_____	_____		Change Keys: <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right; font-size: small;">Qty</td> </tr> <tr> <td><input type="checkbox"/> Per Cylinder</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Per Keyed alike Group</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Per Keyed different cyl.</td> <td style="text-align: right;">_____</td> </tr> </table> Special Function <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right; font-size: small;">Qty</td> </tr> <tr> <td>Control _____</td> <td>Main _____</td> </tr> <tr> <td>CMK _____</td> <td>HKP _____</td> </tr> <tr> <td>CMK Ctrl _____</td> <td>MECH _____</td> </tr> <tr> <td>EMK _____</td> <td>ENG _____</td> </tr> <tr> <td>SKD Ctrl _____</td> <td>JAN _____</td> </tr> <tr> <td>SKD CMK _____</td> <td>OTHR _____</td> </tr> <tr> <td>Blockout _____</td> <td>OTHR _____</td> </tr> </table>		Qty	<input type="checkbox"/> Per Cylinder	_____	<input type="checkbox"/> Per Keyed alike Group	_____	<input type="checkbox"/> Per Keyed different cyl.	_____		Qty	Control _____	Main _____	CMK _____	HKP _____	CMK Ctrl _____	MECH _____	EMK _____	ENG _____	SKD Ctrl _____	JAN _____	SKD CMK _____	OTHR _____	Blockout _____	OTHR _____
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System Level: <input type="checkbox"/> 1-SKD <input type="checkbox"/> 2-MK <input type="checkbox"/> 3-GM <input type="checkbox"/> 4-GGM <input type="checkbox"/> 4-GGGM <input type="checkbox"/> 4-GGGGM	Cross Keying: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Key Symbol</td> <td>Operated by (OB)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>		Key Symbol	Operated by (OB)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____																																				
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Keys: <input type="checkbox"/> Standard SCC <input type="checkbox"/> Restricted* <input type="checkbox"/> Specific Keyway: _____ <small>*Restricted Keyway requires system approval</small> <input type="checkbox"/> 5 Pin <input type="checkbox"/> 6 Pin <input type="checkbox"/> 7 Pin Key Control: <input type="checkbox"/> Visual Key Control Keys Only <input type="checkbox"/> Visual Key Control Keys and Cylinders <input type="checkbox"/> Visual Key Control Cylinders Only <input type="checkbox"/> Concealed Key Control Keys and Cylinders <input type="checkbox"/> Concealed I Key Control Cylinders Only <input type="checkbox"/> DND <input type="checkbox"/> US Property DO NOT DUPLICATE <input type="checkbox"/> Special Marking: _____ _____	Additional Information: (Including system expansion and Special Remarks) _____ _____ _____ _____ _____ _____ _____ _____ _____ Name of individual in organization who is knowledgeable about this project should clarification be required. Name: _____ Phone: _____ Email: _____																																																	

2230 Embassy Drive, Lancaster, PA 17603 • 1-800-441-9692

This sheet to be used with Keying Schedule Form





Keying System Worksheet

Job Reference _____
 Information _____
 Date _____ By _____
 Approved By _____
 Date _____

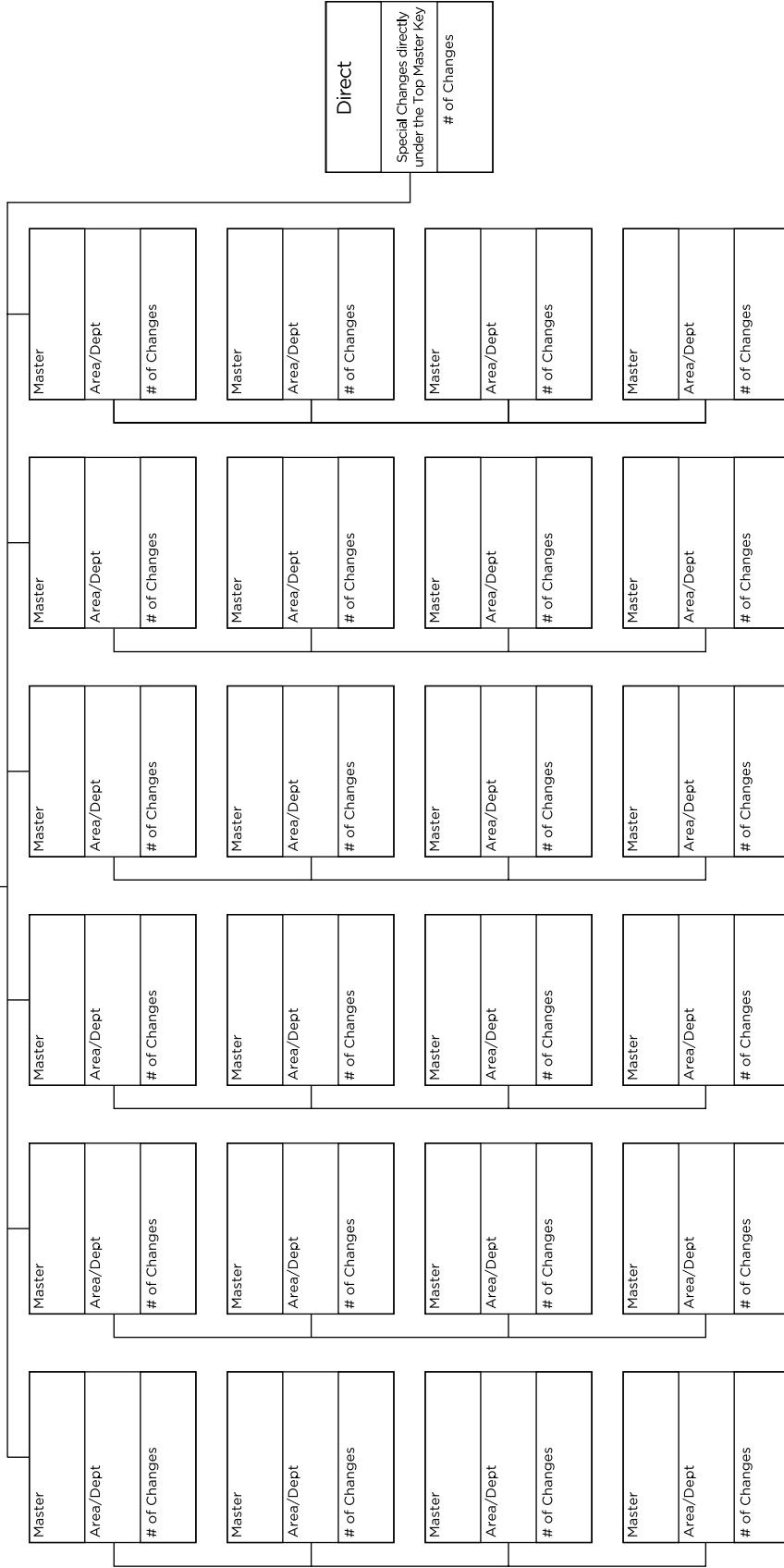
Instructions: Indicate the highest level master key symbol in the top line of each box. Identify the area or department, indicate the total number of key changes, including future expansion. Do not use letters I, O, or Q in key symbols.

Grand Master Key
Area/Dept

Page of

Control Key Used with IC cores only
 CMK Construction Master Keying

Selective _____
 Master Key _____



Single Keyed Changes

SKD
Door# or Area

SKD
Door# or Area

SKD
Door# or Area

Special Instructions

Change key only, will not be operated by any other key within the system

