NATIONAL INSTITUTES OF HEALTH

DIVISION OF POLICE

Red Seal Door Form

PART I. TO BE FILLED OUT BY REQUESTOR (send to Executive Officer)

**Requestor Information:**

Check One Box only:

Initial Request for Red Seal Door

Revision to Red Seal Door Information

Request for Removal of Red Seal Door

Requestor Name: Click here to enter text.

Requestor Title/Position: Click to enter text.

Requestor Phone Number: Click here

Alternative Contact Name: Click to enter text. Alternative Contact Phone: Click here

Date:Click here to enter a date.

Institute/Center: Click here to enter text.

Building: Click here to enter text.

Room Number(s): Click for text.

Red Seal Decal Number Click for text. (Enter if Red Seal is in place, N/A if this is an initial Red Seal Door Request form)

Office/Room/Lab Title or Function: Click here

Reason for Request/ Revision/ Removal: Click here (i.e: sensitive files, high value equipment, dangerous material, etc.)

PART 2. TO BE FILLED OUT BY REQUESTOR (send completed form to your Executive Officer for approval)

The below staff members are EXCEPTIONS: (meaning exception to Policy and allowed NIH Police assisted entry when locked out)

The Requestor and the Alternative Contact Information must be included below if appropriate

Add  Delete Name 1: Click here to enter text.

Add  Delete Name 2: Click here to enter text.

Add  Delete Name 3: Click here to enter text.

Add  Delete Name 4: Click here to enter text.

ID/ Badge #: Click here to enter text.

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ID/ Badge #: Click here to enter text.

Add  Delete Name 5: Click here to enter text. ID/ Badge #: Click here to enter text.

PART 3. TO BE FILLED OUT BY EXECUTIVE OFFICER

**Executive Officer Information:**

Executive Officer Name: Click here to enter text.

Executive Officer Phone Number: Click here

Executive Officer Email: Click here

Executive Officer Approval: (see note below)  Approved  Disapproved Date : Click here

* Form must be forwarded to Office of The Chief of Police by the Executive Officer (at [NIHCommunityPolicingOffice@mail.nih.gov](mailto:NIHCommunityPolicingOffice@mail.nih.gov)) if approved. Send back to requestor if Disapproved**.**

PART 4. TO BE COMPLETED BY DIVISION OF POLICE

Date received by the DP: Click here to enter text.  Approved  Disapproved

Date entered into Red Seal Door Authorized Access List: Click here to enter text.

Date updated List forwarded to ECC: Click here to enter text. Date Order Completed: Click here to enter text.

Facility Manager Name: Click here to enter text. Facility Manager Phone: Click here to enter text.