

MedVault® Registration Form

Knox® Rapid Entry System



Emergency Medical Narcotic access can be controlled and its access audited with the Knox MedVault narcotic drug locker. With this locker, controlled substances are secured until authorized personnel access them with their unique PIN code. An audit trail showing the time, date and PIN code is recorded each time the vault is opened.

The Knox Company has been manufacturing secure emergency access equipment since 1975. From key vaults to comprehensive key control systems, Knox provides more than 11,500 fire departments, law enforcement agencies and EMS departments with proven, dependable products and services.



1601 Deer Valley Road, Phoenix, AZ 85027
(800) 552-5669 • E-mail: info@knoxbox.com



Terms and Conditions of Use

In order for the Knox Company to maintain the integrity of the Knox System, Knox requires that all persons who will use Knox Master Keys be bound by the following "Terms and Conditions of Use." Therefore, each person signing the reverse side of this sheet agrees that:

- a. All Knox Master Keys delivered to the Department shall remain the sole and exclusive property of the Knox Company, and may only be used in accordance with these Terms and Conditions of Use.
- b. The Knox Master Key is a security device and access to the Knox Master Key must be controlled within the Department. The persons signing on the reverse side who are authorized signatories for the Knox Rapid Access System are authorized to request that Knox provide Master Keys to the Department. Such persons should make every reasonable effort to protect against improper use or loss of Knox Master Keys.
- c. Department personnel should not release the Knox Master Key to any unauthorized person or Department. Signatories shall notify users of these Terms and Conditions of Use.
- d. It is recommended that all Knox Master Keys be kept in a secure place and maintained in good condition.
- e. If a Department wishes to discontinue the Knox Rapid Access System, all Knox Master Keys shall be returned to the Knox Company.
- f. Notification must be given by the Department of loss, theft, damage or destruction to any Knox Master Key in a timely manner, in order that records may be kept accurately for the total number of Knox Master Keys distributed to the Department and to allow Knox an opportunity to take whatever steps it deems necessary to protect the Knox Rapid Access System.
- g. Knox Master Keys may not be duplicated or altered in any way. The Key Codes associated with Knox Master Keys and KeyWays remain the exclusive property of the Knox Company.
- h. Knox Master Keys are provided solely for use with the Knox Rapid Entry System. No other use of the keys or their associated codes is authorized or permitted.

Registration Form

Starting Your Knox® MedVault® Program

Completion of this form provides the Knox Company with information necessary to begin your rapid entry program. We assign a system identification number and a restricted lock code to your department.

Change Notice

Changes in authorized signatures must be submitted to the Knox Company on a Knox change request form or on official department letterhead and signed with an authorized signature.

Statement of Responsibility

Knox Company hereby authorizes its officers, employees, and agents to accept the authorized signatures on this form when supplying products of a sensitive nature (master keys, key vaults, etc.) to a fire department or other public agency. Knox Company responsibility extends only to the reasonable conclusion that the authorized signature on any order has been made by a party whose signature appears on this form.

Please type or print the following information:

1. **Department Name** _____
 Street Address _____
 Mailing Address _____
 City _____ County _____
 State _____ Zip _____ Phone () _____
 Fax () _____ E-mail _____

2. **Department Head** - The officer who is in charge of your department.
 Name _____ Title _____

3. **Knox® Program Coordinator**
 The Knox program coordinator for your department's rapid entry system. All materials will be sent to this person at the address above.
 Name _____ Title _____

5. **System Requirements**
 All MedVault® units in your department will have an emergency manual key that is uniquely keyed for your EMS program and is separate from your department's Knox-Box Rapid Access Program. **One key is shipped per order.** Additional keys are available when requested below or in writing on department letterhead.
 Population served _____
 Number of MedVault® keys required _____

6. **Authorized Signatures**
 Authorized signatures are required to:

- Order additional Knox Master MedVault® Keys
- Delete/add names and authorized signatures

7. **In order for the Knox Company to provide Knox® System key security, Knox requires that you agree to the following:**

1. Keep all keys in a secure place.
2. Do not release the Knox provided keys to any non-department personnel.
3. Notify Knox immediately of loss, theft or attempted duplication of any key.

Please record authorized signatures below and stay within the space provided.



1601 W. Deer Valley Road
 Phoenix, AZ 85027
 (800) 552-5669
 (623) 687-2300
 Fax (623) 687-2296
 www.knoxbox.com
 info@knoxbox.com

Print Name and Title	Authorized Signature	Date