

**LOCKS/CIPHER LOCKS, KEYS,
COMBINATIONS SECURITY
POLICY 2025-01***[Effective Date: 05/03/2025 replaces Policy #2022-00]*

**PURPOSE.** This establishes a policy and procedure for the control of locks/cipher locks, keys, or combinations designated at restricted/controlled areas, including but not limited to: culinary water supplies, storage tanks, related water flow control valves, and any other specified areas and property that is integral to Leeds Domestic Waterusers Association culinary water distribution system.

**APPLICABILITY.** The requirements of this memorandum apply to all LDWA employees, staff, and Board members. Dedicated Cipher lock pass codes will be made available to the following organizations for their use in accessing the infrastructure they are responsible for:

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| **Identified Organization** | **Function** | **Infrastructure** |
| Leeds Water Company (LWC) | Irrigation Water Company  | Meters/Weirs, Conveyance systems like canals, pipes |
| Infowest | Internet Services | Wireless Internet and related equipment, LDWA cameras |
| Jones & DeMille | Engineering  | Infrastructure Specialists & Project Oversite |

**POLICIES.**

1. Access to secured areas will only be provided to non-identified vendors, contractors, subcontractors, volunteers, etc, when accompanied by an authorized LDWA employee. **At no time shall LDWA employee(s) provide locks/cipher locks, keys, or combinations to non-identified vendors, contractors, subcontractors, volunteers, etc.**
2. Cipher locks are access control devices and will not be used in lieu of approved keys and locks for physical security purposes. Cipher locks are access control tools used to limit unannounced or unescorted access to sensitive areas.

3. The installation of locks/cipher locks, keys, or combinations, other than those authorized by the LDWA Board of Directors is strictly prohibited.

**PROCEDURES.**

**1. The LDWA Board of Directors will:**

1. Serve as approving authority for all lock combinations, keys, or passwords installed within the LDWA Culinary Water Delivery System.
2. Will maintain a Security Log of all lock combinations, keys, or passwords installed within the LDWA Culinary Water Delivery System.
3. Conduct periodic inspections of activity key and lock control systems to ensure compliance with this policy.

**2. The LDWA Water Operations Supervisor will:**

1. Coordinate the safety of the lock and key system to ensure all safety requirements for protection of culinary water systems are met.
2. Coordinate repair, replacement of locks and keys as required for the LDWA Culinary Water Delivery System.
3. Forward all requests to the LDWA Board of Directors for approval prior to installation.

**3. The Field Operations Supervisor and the LDWA Office Administrator will ensure:**

1. All keys are inventoried quarterly by serial number and key number. An inventory will also be conducted upon change of custodian or alternate. Inventory records will be retained for one (1) year and then destroyed.
2. All requests for locks/cipher locks, keys or combinations contain the following, if applicable: room number, location of door - main entrance, third floor, interior door, etc., type of lock - cylinder, cipher, or padlock, and keyed alike or keyed separate, number of keys required for each lock, complete justification, and point of contact. The report will contain all pertinent information including key serial number, key blank number, location of door/area, date and time, possible areas in which the key was lost, and any other circumstances surrounding the event.
3. Access to all locks/cipher locks, keys, or combinations are limited only to authorized LDWA employees.
4. When locks/cipher locks, keys, or combinations are lost, damaged, destroyed, or unaccounted for, the person to whom key(s) were assigned will immediately provide written notification to LDWA Office Administration, Field Operations Supervisor and the LDWA Board of Directors, no later than 24 hours after loss of key becomes known.

**4. The LDWA Office Administrator will:**

* 1. Implement policies and procedures for the control of locks/cipher locks, keys or combinations for the LDWA culinary water distribution system.
	2. Provide storage and control of all lock combinations, ciphers, keys, or passwords.
	3. Maintain a current register of LDWA’s Key and Special Lock Inventory.
	4. Designate, in writing, those offices and areas for which keys must be controlled within the LDWA office and service area.
	5. Ensure keys are stored in an approved locked container/security key box(es) when not in use.
	6. Verify contents of key containers to ensure that all keys are accounted for on a regular basis.

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| LEEDS DOMESTIC WATERUSERS ASSOCIATIONLDWA KEY CHECKOUT FORM (Appendix A)  |
| **KEY INVENTORY RECORD** |
| organization / role | **enter organization & individual’s role** |
| NAME / licence plate# | **enter name** |
| HOME ADDRESS | **street address | Leeds, UT 84746** |
| PO BOX | **PO BOX xxxxxx** |
| PHONE # | **(xxx) xxx-xxxx** |
| EMAIL ADDRESS | **enter emails address** |
| KEY TYPES & # | [ ]  **LDWA PO BOX** **ENTER KEY# ENTER DATE** [ ]  **LDWA OFFICE DOOR ENTER KEY# ENTER DATE** [ ]  **LDWA FIELD KEY ENTER KEY# ENTER DATE** [ ]  **LDWA SAFE** **CIPHER PASSCODE ENTER DATE** [ ]  **LDWA OFFICE DOOR CIPHER PASSCODE ENTER DATE** [ ]  **LDWA STORAGE TANK CIPHER PASSCODE ENTER DATE** [ ]  **LDWA HIGHLANDS GATE CIPHER PASSCODE ENTER DATE**  |
| AGREEMENT | I understand that a lost key can compromise the safety of the LDWA system and may likely result in the expense to rekey all locks. I agree to take extra precautions to safeguard the key(s), and or password(s) I have received and use it only for official business. I agree that I will not share key(s) or password(s) with others.Further, I Certify that I have received the above listed key(s) and or password(s) belonging to LDWA and that I will return said keys within 7 days of the termination of my LDWA Position, or affiliation with Identified Organizations. |
| KEY(s) RECIPIENT: | **enter RECIPIENT name** |
| SIGNATURE/DATE: |  |
| SPONSOR:  | **enter SPONSOR name**  |
| SIGNATURE/DATE: |  |