

Bandung Office

Door Lock Logs Request Form

Requester Information:

- Full Name:
- Position/Title:
- Department:
- Contact Number:
- Email Address:

Date of Request:

- Date and Time of Incident/Activity:
- Location of Incident/Activity:

Door Lock Logs Details:

- Specific Date and Time Range:
- Start Date:
- End Date:
- Start Time:
- End Time:

Justification for Request:

[Provide a detailed explanation of why the door lock logs are being requested, including the nature of the incident or activity under investigation.]

Responsibilities:

By submitting this Door Lock Logs Request Form, I acknowledge and agree to the following responsibilities:

1. I understand the importance of filling in the form with correct and complete details.
2. I acknowledge the need to clearly mention why I require access to the door lock logs.
3. I confirm that I have obtained or will obtain the required permissions for this request.
4. I commit to adhering to TSP's rules and data access policies.
5. I agree to keep any obtained information confidential.
6. I commit to following the provided security guidelines.
7. I will provide accurate contact information for any necessary follow-up or clarification.
8. I confirm that my request complies with applicable laws and regulations.

By signing below, I confirm that I understand and accept these responsibilities.

Requester's Signature	Date

Approval:

Approved By	Approver's Signature	Date of Approval

Version	Date	Comments
1.0	8 March 2024	First Version