

PDQ MASTER KEY SYSTEM PLANNING FORM
 (This sheet to be used with KEYING SCHEDULE FORM)



Sold To:	Ship To:
----------	----------

Sheet 1 of _____
 Date _____

 Purchase Order No.

Job Name and Address:

Key Quantity

QTY

GGGM _____

GGM _____

GGM _____

GM _____

MK/Group

Change Keys

QTY

Per Cylinder _____

Per Keyed alike Group _____

Per Keyed different cyl. _____

Special Function QTY

Control _____ Main _____

CMK _____ HKP _____

CMK Ctrl _____ MECH _____

EMK _____ ENG _____

SKD Ctrl _____ JAN _____

SKD CMK _____ OTHR _____

Blockout _____ OTHR _____

System Info

NEW

Existing System

PDQ SO # _____

Your original PO# _____

Original date of order _____

System Level:

1- SKD 2-MK 3-GM 4-GGM

Const. Keying 4-GGGM 4-GGGGM

Type

High Security IC Standard

Other

Keys

Standard SCC Restricted* Specific Keyway: _____

*Restricted Keyway requires system approval

5 Pin 6 Pin 7 Pin

Key Control

Visual Key Control Keys Only

Visual Key Control Keys and Cylinders

Visual Key Control Cylinders Only

Concealed Key Control Keys and Cylinders

Concealed I Key Control Cylinders Only

DND

US Property DO NOT DUPLICATE

Special Marking: _____ - _____

Cross Keying

Key Symbol	Operated by (OB)

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 Number: _____

“Premium Quality without the Premium Price”
 2754 Creek Hill Road
 Leola, PA 17540
 1-800-441-9692

