



## Key Holder Policy

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### Intent

Superior Road Products Ltd., values the safety of our staff and the security of our facilities and has determined appropriate key holder responsibilities for these purposes. This document sets out the procedural responsibilities of authorized company key holders when opening and closing company premises and defines what constitutes an approved key holder.

### Definitions

Authorized Key-Holder – personnel who have been trained on applicable security standards and who will, at one time or another, open or close the company facilities.

### Guidelines

Superior Road Products dictates that all facilities shall be locked to provide security for buildings and contents when not scheduled to be open as per regular business hours.

Keys and Alarm codes will only be issued to Superior Road Products employees and must not be shared with other individuals except in cases of emergency.

The number of key holders must be minimized and recorded. Keys will only be issued to those persons who have a continuing need for their use to complete their duties as employees of Superior Road Products.

Lost or Stolen keys must be reported immediately to Joel Wilkie, or his designate. It may be necessary to re-key the locks to preserve the security of company facilities.

When closing company facilities, the Key Holder is responsible for conducting a sweep of the premises to account for all present staff and to ensure that no customers or visitors remain. All entry/exit points must be secured. Alarms must be set prior to exit from the facilities and the exit door must be securely locked.

### Acknowledgement and Agreement

I, \_\_\_\_\_, acknowledge that I have read and understand the Key Holder Policy of Superior Road Products Inc. Further, I agree to adhere to this Policy and will ensure that employees working under my direction adhere to this policy. I understand that if I violate the rules/procedures outlined in this Policy, I may face disciplinary action, up to and including termination of employment.

Name:	_____
Signature:	_____
Date:	_____
Witness:	_____