

Department of Administration	Facility Management Division Standard Operating Procedure SOP			
Building Coordinator Forms, (BCF's) These are the Instructions for Building Coordinators to complete and submit a Building Coordinator Form (BCF) to Security Systems.	NUMBER	REV	EFFECTIVE DATE	PAGE 1 OF 4
	SUPERSEDES	PREPARED BY		REVIEWED BY APPROVED BY

1.0 **PURPOSE:**

The policy provides the NC Department of Administration, Security Systems a consistent and uniform process to receive Building Coordinator Forms from approved Building Coordinators.

2.0 **HISTORY OF REVISIONS:**

Date	Revision No.	Change	Reference Section
02/15/2019	Original Version		All
03/05/2019	Rev.1	Simplified form w/dropdowns	BCF
07/16/2020	Rev.3	BC Form addendums	BCF

3.0 **PROGRAMS AFFECTED:**

- 3.1 Facility Management Division / Security Systems
- 3.2 All State Agencies, Building Coordinators, ability to manage, create or deactivate Badges, keys and/or cores. Building Coordinators are managed through the Facility Management / Security Systems office.

4.0 **REFERENCES:**

- 4.1 All North Carolina DOA/FMD **OSHR** Badge ID policies.
- 4.2 All North Carolina DOA/FMD **ACR** form policy.
- 4.3 All North Carolina DOA/FMD **KCRF** form policy.
- 4.4 All North Carolina DOA/FMD **CKRF** form policy.

5.0 **POLICY:**

- 5.1 The DOA/FMD/Security Systems will use consistent and uniform forms and processes for accepting Building Coordinator Requests.
- 5.2 All Agencies, Departments, and Building Coordinators will use the approved Building Coordinator form (rev.1 12142018) and send it in the appropriate format.

6.0 **DEFINITION:**

- 6.1 **BCF** (Building Coordinator Form)
- 6.2 **DOA** (Department of Administration)
- 6.3 **FMD** (Facility Management Division)
- 6.4 **ACR** (Access Card Request) This form is used for replacement, lost, damaged, agency or department change, employment change, and/or name change.
- 6.5 **KCRF** (Key and Core Request Form)
- 6.6 **CKRF** (Contractor Key Request Form)
- 6.7 **Security Systems**
 - Card Access Control and email account security related requests and inquiries to be sent to security.systems@doa.nc.gov . This includes Building Coordinator Requests, Key and Core Requests, Access Card Requests, changes in access activations and deactivations, reports, inclement weather and emergency lockdowns and unlocking of buildings.
- 6.8 **Building Coordinators**
 - Selected Individual(s) assigned and approved from an agency and or division to send in Key and Core Request Forms, Access Card Request Forms, changes to access levels up to and including deactivations of an individual's access card.
 - The Building Coordinators assigned to Security Systems may or may not be the same as those at FMD/Work Control. Call us if you are unsure 919-733-1800.

7.0 **RESPONSIBILITY:**

- 7.1 **DOA FMD Badging Office Manager** is responsible for the following:
 - 7.1.1 Ensure all Building Coordinator lists are up to date.
 - 7.1.2 Provide a Building Coordinator form to new or existing Coordinators when duties change, or additional coordinator(s) are added or deleted.
 - 7.1.3 Train and assist all new Building Coordinators on Security System Policies and Procedures.
 - 7.1.4 Review and ensure all ACR's received via email from Building Coordinators are correct and follow policy.
 - 7.1.5 Inclement Weather/Emergency Building lockdowns and unlocks.
- 7.2 **DOA FMD Security Systems Office** is responsible for the following:
 - 7.2.1 Receiving all Card Access Requests, Key and Core Requests and Emails regarding changes to access.
 - 7.2.2 Scheduling appointments for Access Card Requests.
 - 7.2.3 Create new badges when photos are sent from remote sites.
 - 7.2.4 Reprint badges from requests for replacement, lost, status change, agency/department change, and/or name change.
 - 7.2.5 Make changes to access that is requested via email from approved Building Coordinators.

7.3 **DOA Building Coordinators** are responsible for the following:

The approved **Building Coordinator** will accurately fill out the **(BCF) Form**. The form must be **electronically filled out** and sent as a **“saved word document”**. This must be in the appropriate MS Word Format. Handwritten, scanned or any other type of document (.pdf etc.) will not be accepted. *Any type of alteration* to the form will not be accepted. If the form is altered or is not submitted by an approved Building Coordinator it will be sent back and can lead to subsequent delays.

7.3.2 For each approved Agency and/or Division there shall be one Primary and a maximum of two backup Building Coordinators.

7.3.3 Security Systems will update changes and will only accept requests from the Building Coordinators approved to fill out the forms.

7.3.4 An electronic document example is supplemented with this document.

8.0 **PROCEDURE:**

8.1 The approved **Building Coordinator** will accurately fill out the **(BCF) Form**. The form must be **electronically filled out** and sent as a **“saved word document”**. This must be in the appropriate MS Word Format. Handwritten, scanned or any other type of document (.pdf etc.) will not be accepted. *Any type of alteration* to the form will not be accepted. If the form is altered or is not submitted by an approved Building Coordinator it will be sent back and can lead to subsequent delays.

8.2 **Filling out the Building Coordinator Form**

8.2.1 **Section 1-Agency Information:** Each block of information must be completed. It is recommended to prefill this area and save it with exception of the request date, this block is a drop-down menu that can be filled on the actual request date. This will be your template.

8.2.2 **Section 2 – Adding an individual Coordinator:** Only (1) box shall be selected. There are (6) choices, one of which will cover your requirements. Populate name, phone, NCID, and email blocks accordingly. There are two possible coordinator blocks available on this form in the event you are adding (2) coordinators

8.2.3 **Section 3 – Removal of Coordinator:**

The “reason for removal shall be filled in the Explanation block”. Select (1) of the (6) action blocks so we can cross reference the individual for accuracy. Only (1) action box should be selected.

- Populate name block(s) accordingly.

Electronically sign and date (drop-down menu) the document at the bottom and “save as”. Once this is completed attach to the email and send to:
security.systems@doa.nc.gov

BUILDING COORDINATOR REQUEST FORM
 North Carolina Department of Administration
 Division of Facility Management-Security Systems
 919-733-1800

(Call if there are any questions pertaining to this document)

1. AGENCY INFORMATION:

Rev. 3 – 07/06/2020

PRIMARY COORDINATOR:	Click or tap here to enter	REQUEST DATE	Click or tap to enter a date.
DEPARTMENT – DIVISION:	Click or tap here to enter	BUILDING NAME	Choose an item.
MSC# and ZIP Only:	Click or tap here to enter text.	TELEPHONE #	Click or tap here to enter text.

2. COMPLETE THIS PORTION TO ADD A NEW BUILDING COORDINATOR.

COORDINATOR 1 REQUEST: <i>Check 1 box only</i>	EXPLANATION Choose an item.		
<input type="checkbox"/> Primary Badges Only	<input type="checkbox"/> Primary Keys & Cores Only	<input type="checkbox"/> Primary Keys, Cores and Badges	
<input type="checkbox"/> Backup Badges Only	<input type="checkbox"/> Backup Keys & Cores Only	<input type="checkbox"/> Backup Keys, Cores and Badges	
FIRST: Enter first name	MIDDLE INITIAL: Click	LAST NAME: Click to enter last name	
PHONE: Click or tap here to enter number.	NCID: Click	EMAIL: Click or tap here to enter email.	

COORDINATOR 2 REQUEST: <i>Check 1 box only</i>	EXPLANATION Choose an item.		
<input type="checkbox"/> Primary Badges Only	<input type="checkbox"/> Primary Keys & Cores Only	<input type="checkbox"/> Primary Keys, Cores and Badges	
<input type="checkbox"/> Backup Badges Only	<input type="checkbox"/> Backup Keys & Cores Only	<input type="checkbox"/> Backup Keys, Cores and Badges	
FIRST: Enter first name	MIDDLE INITIAL: Click	LAST NAME: Click to enter last name	
PHONE: Click or tap here to enter number.	NCID: Click	EMAIL: Click or tap here to enter email.	

3. COMPLETE THIS PORTION TO REMOVE AN EXISTING BUILDING COORDINATOR.

COORDINATOR REMOVAL REQUEST: <i>Check 1 box only</i>	EXPLANATION Choose an item.		
<input type="checkbox"/> Primary Badges Only	<input type="checkbox"/> Primary Keys & Cores Only	<input type="checkbox"/> Primary Keys, Cores and Badges	
<input type="checkbox"/> Backup Badges Only	<input type="checkbox"/> Backup Keys & Cores Only	<input type="checkbox"/> Backup Keys, Cores and Badges	
FIRST: Enter first name	MIDDLE INITIAL: Click	LAST NAME: Click to enter last name	NCID: Click here to enter text.
FIRST: Enter first name	MIDDLE INITIAL: Click	LAST NAME: Click to enter last name	NCID: Click here to enter text.
FIRST: Enter first name	MIDDLE INITIAL: Click	LAST NAME: Click to enter last name	NCID: Click here to enter text.

4. ONLY APPROVED BUILDING COORDINATORS ARE AUTHORIZED TO SUBMIT A COMPLETED REQUEST FORM TO:

security.systems@dca.nc.gov

5. SECURITY SYSTEMS WILL CONTACT EACH PERSON VIA E-MAIL TO CONFIRM THEY ARE ACTIVE COORDINATORS

6. GO TO <https://ncadmi.gov/about-dca/divisions/facility-management> for additional guidelines and information.

Your electronic permission below from a valid **Building Coordinator** provides the power for an individual to process **keys, cores and/ or badge** requests on their behalf. There can **only be (1) Primary Building Coordinator** and under them **only (2) Backup Coordinators**. All forms **must** come from an approved Building Coordinator's email or they will not be processed. Thank you, Security Systems Management

Type name here: *Click or tap here to enter electronic signature.* **DATE:** Click or tap to enter a date.