



DEPARTMENT OF FIRE AND RESCUE SERVICES

	<h1>GENERAL ORDER</h1>	
<h2>610.06</h2>		

Originating From	Issue Date	Revision Date	Attachments
<b>Fire Marshal</b>	<b>12/4/1997</b>	<b>1/5/2009</b>	<b>A-C</b>

**SUBJECT: Access Box Entry System**  
**APPLICABILITY: All Fire Personnel/General Public**

1. Access boxes may be required when access to or within a building, structure or area is difficult because of secure openings or where immediate access is necessary for life saving or fire fighting purposes.

1.1. Refer to Sections 3.3.2 and 18.2.2.1 of the Howard County Fire Code.

1.2. The Chief of Howard County Department of Fire and Rescue or the Chief's designee shall approve the use of any new Access device or system.

2. General

2.1. Opening an access box shall be through a single universal key available only to the Howard County Department of Fire and Rescue. The universal key can operate Lock Boxes, Key Switches, and Padlocks. This key shall be held in the apparatus by a key retention system. The key will be released from the retention system by an approved method. The release system may be required to audit the key releases.

2.1.1. Access Box shall be of heavy duty or extra heavy duty construction. Recess mount style boxes are recommended.

2.1.2. The Department of Fire and Rescue will not accept individual building keys.

2.2. It is recommended, and may be required, that an Access box be installed on existing buildings with a fire sprinkler or fire alarm system or where access is difficult.

2.3. Access Boxes may be required on all new buildings with a fire sprinkler or fire alarm system or where access is difficult.

2.4. Use of, or controls to, gates, chains, switches or any device to control access may use a Padlock or Key Switch compatible with the current system, with approval from the Fire Marshal's Section.

3. Authorization

3.1. Building owners must obtain an authorization form (Appendix C) from the Fire *Access Box Entry System*

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Marshal's Section. The device cannot be purchased until this form has an authorized signature from a representative from the Fire Marshal's Section.

#### 4. Box Location

4.1. The mounting location for all boxes shall be approved by the Fire Marshal's Section and shall be installed as follows:

- 4.1.1. Access Boxes shall be mounted as near as possible to the approved entry door and shall not be visually obstructed. This normally will be the main entrance door to the business. The box shall not be located further than six feet laterally from the door.
- 4.1.2. Access Boxes may be mounted next to other doors with better access for emergency services with the approval of the Fire Marshal's Section.
- 4.1.3. Approach to the Access Box shall not be obstructed by landscaping or architectural elements.
- 4.1.4. Access Boxes shall not be mounted higher than five feet or lower than two feet above the ground or walk area.
- 4.1.5. A fire department alert decal (Appendix A) shall be mounted on each building entry door in the upper right-hand corner unless approved by the Fire Marshal's Section.
- 4.1.6. The Access Box for a gate shall be located on the gate or on the fence within 6 feet of the gate. A fire department alert decal shall be attached to a piece of 5" square white plastic and mounted on the gate near the lock. Alternative mounting shall be approved by the Fire Marshal's Section.

#### 5. Supervision

- 5.1.1. Unless specifically exempted by the Fire Marshal's Section, it is recommended that all Access Boxes be supervised by an electronic security system to detect a possible unauthorized entry. Supervision of key switches and padlocks may be required by the Fire Marshal's Section.

#### 6. Entry Keys

6.1. Keys necessary for building entry shall be placed inside the access box and shall be adequately labeled. Keys shall be limited to one set and shall be attached to a

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substantially constructed key ring.

6.2. The access box shall also contain the following:

- 6.2.1. Keys to locked points of ingress, whether on the interior or exterior of the building.
- 6.2.2. Keys to locked electrical rooms.
- 6.2.3. Keys to locked mechanical equipment room.
- 6.2.4. Keys to elevators.
- 6.2.5. Keys to other areas as directed by the Howard County Department of Fire and Rescue.
- 6.2.6. Information on special circumstances such as Hazmat information, hazards, and structural dangers.
- 6.2.7. Contact Information for the Building Representative.

6.3. Access Boxes will be checked annually to confirm that keys and information inside are current and functional.

7. Purchasing

7.1. All access devices shall be purchased, installed, and maintained by the building owner. Purchasing information can be obtained by contacting the Howard County Office of the Fire Marshal.

8. Securing the Access Box

8.1. After the Access Box device is installed, the owner shall contact the Fire Marshal's Section to make arrangements to lock the Box, Padlock, or Key Switch.

8.2. The Fire Department ONLY has access to the key boxes; property owners may not have keys or access to the boxes.

8.3. The owner must contact the Fire Marshal's Section (to make arrangements) to change keys or information in the box or device.

9. Fire Department Key Responsibility

9.1. The Bureau of Support Services will administer the Key Retention System, including the installation, maintenance of the key retention units and supervision of the access box master keys.

9.2. All fire department first line apparatus will have the Key Retention System installed.

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This device captures the master key to open Howard County Access Boxes. The key is only released when a signal is sent from Communications.

- 9.3. All fire department master keys for apparatus will be retained in the Key Retention System. All master keys issued to Staff personnel are numbered and inventoried by the Fire Marshal's Section.
- 9.4. The officer of the unit will contact Communications to have the release signal dispatched to release a key. Each box is numbered to identify the key. **THE KEY NUMBER IS NOT THE UNIT NUMBER.** .
- 9.5. After entry is made into the business, advise communication that you have entered the facility and notify the Police Department and/or an emergency contact for the business.
- 9.6. After securing the building, return the building keys to the Access Box and secure the master key in the Key Retention Lock unit. Communications does not need to send a tone to lock the key in place.
- 9.7. Contact the Logistics Section if you have questions or problems with the Key Retention System.

### 10. Missing Key

- 10.1. Missing keys shall be reported to the immediate supervisor.
- 10.2. The supervisor shall notify the on duty Battalion Chief and the on-call Fire Investigator.
- 10.3. A detailed report about the circumstances surrounding the missing key shall be forwarded to the Bureau of Operations Assistant Chief and the Deputy Chiefs of the Field Operations Section, Logistics Section, and the Fire Marshal's Section, within 24 hours.

### 11. Building Damage

- 11.1. Damage caused by Fire Department personnel to a building, structure, or area that has the Access Box System installed shall be documented in writing to the Bureau of Operations Assistant Chief and the Deputy Chiefs of the Field Operations Section, Logistics Section, and the Fire Marshal's Section. The report shall include all the circumstances concerning the incident and the damaged property. A county Citizen Incident Report shall be completed and attached to the document. (Appendix B)

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Approved:

A handwritten signature in cursive script that reads "Joseph A. Herr".

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Joseph A. Herr  
Fire Chief

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Attachment "A"

2005

Fire/Law Enforcement Rapid Entry System

## AUTHORIZATION ORDER FORM



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**Section 1**

COMPANY / NAME

STREET (NO P.O. BOXES)

CITY

CONTACT NAME

PHONE NUMBER

P.O. NUMBER (GOV. AGENCIES ONLY)

**ORDERED BY - PRINT ONLY**

Effective January 1, 2005

CHECK BOX IF SHIPPING ADDRESS IS DIFFERENT. SEE SECTION 5

Send this form with payment to:

**KNOX COMPANY**

1601 W. Deer Valley Road,  
Phoenix, AZ 85027

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**Section 2** ORDER WILL NOT BE PROCESSED Without Authorized Signature

Howard Co Dept Of Fire/Resc. Svcs  
6751 Columbia Gateway Dr  
Columbia MD 21046

Authorized Fire Agency Signature and Date \_\_\_\_\_ Print Name Clearly \_\_\_\_\_

PS-39-047-06-96 System Code

IMPORTANT NOTE - Knox Master Keys are provided to authorized fire departments or other registered entities on an as-needed basis solely for use with the Knox Rapid Entry System. No other use of the keys or their associated codes is authorized. Key codes associated with the Knox Master Keys and Keyways remain the property of the Knox Company and are maintained by the Knox Company in Phoenix, Arizona. For questions regarding this policy, contact Knox at 800-552-5669.

**Section 3** ORDER PRODUCT HERE

Quantity	Part Number	Amount
		Total \$
		Total \$
		Total \$

**Shipping & Handling** If required, add \$7.00 per submastered item \$

1 lb. to 7 lbs.	\$7.00
8 lbs. to 25 lbs.	\$17.00
26 lbs. to 50 lbs.	\$30.00
51 lbs. to 75 lbs.	\$40.00

75 lbs. - call Knox for quote. Alaska, Hawaii, Canada or Priority Shipping, please call for rates.

Shipping and Handling \$	Subtotal \$	Shipping Tax \$	Total \$
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**PRE-PAYMENT INFORMATION REQUIRED**

Check or Money Order made payable to: **KNOX COMPANY** Federal I.D. #95-3617858

VISA  AMEX  MC  DISC

CARD NUMBER \_\_\_\_\_ EXP. DATE (MM / YYYY) \_\_\_\_\_

**USE PRICE LIST ON NEXT PAGE**

Cardholder Signature \_\_\_\_\_

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**Section 4** INSTALLATION ADDRESS - REQUIRED BY FIRE DEPARTMENT

1. BUILDING NAME (WHERE ITEM WILL BE INSTALLED)

ADDRESS

CITY

STATE

ZIP CODE

2. BUILDING NAME (WHERE ITEM WILL BE INSTALLED)

ADDRESS

CITY

STATE

ZIP CODE

**Fire Department Approval Signature Required to Submaster Items**

Check here to Submaster

Authorized Fire Agency Signature Submaster fee \$7.00 per keyed item.

www.knoxbox.com  
800-552-5669  
823-687-2300  
Fax: 623-687-2290

**KNOX COMPANY**



ON \_\_\_\_\_

REC'D \_\_\_\_\_

26767

**If shipping address different, complete Section 5 on back.**

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Attachment "B"



**SAMPLE**



**KNOX BOX ALERT DECAL**

A fire department alert decal shall be mounted on each building entry door in the upper right-hand corner of each establishment that utilizes the Access Box System.

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Attachment "C"

HOWARD COUNTY GOVERNMENT  
**CITIZEN INCIDENT REPORT**

**Instructions:** This report is to be completed for any accident or incident involving a citizen (non-employee) which occurs on County property. The County employee who first becomes aware of the situation should complete and sign the form. Forward the form to the Bureau of Risk Management at once. Call if serious injury or property damage is involved. (FAX: 313-6399) (PHONE: 313-6390)

1. Citizen's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

2. Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ am \_\_\_\_\_ pm

3. Location of Incident (building, room, etc.) Be specific. \_\_\_\_\_  
 \_\_\_\_\_

4. Fully describe how incident occurred: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Describe injury or property damage: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Were any witnesses present? \_\_\_\_\_ If so, provide names and contact information here.  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

7. What action was taken as a result of incident? (First aid, police or ambulance called, parents called, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Does citizen wish to be contacted for follow up? \_\_\_\_\_

9. Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Phone: \_\_\_\_\_ Dept. \_\_\_\_\_ Date \_\_\_\_\_

Supervisor: \_\_\_\_\_

Form RM-3 (3/95)