

MCLAREN FLINT
FLINT, MICHIGAN

HOSPITAL KEY RECEIPT

I have received the following keys from McLaren Regional Medical Center for use during my stay at McLaren.

DEPT.:

Location of lock										
Key No.										
Hook No.										
No. of Keys										

All keys listed above must be returned to Engineering Services upon transfer or termination of employment.

Signature _____ Date _____

Issued by _____ Date _____

FILE BY DEPARTMENT

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