REPORTING LOST, STOLEN, FORGOTTEN or UNRECOVERED BADGE

To be completed by or on behalf of a SNL-issued badge holder to report a lost, stolen, or forgotten (LSF) badge, OR by a SNL Badge Requestor/ Delegate to report an unrecovered badge. Return to Badge Office in person, via fax (SNL/NM & remote sites 505.844.4263, SNL/CA 925.294.6376), or internal/secure email to security@sandia.gov. See Laboratory Policy SS008, Control Access to Information and Facilities Policy, for details.

Badge Holder

NAME (Last, First, MI)

SSN:	SNLID:	PHONE:

☐ NTESS Employee ☐ Contractor ☐ Consultant ☐ Visitor ☐ Colleague

Badge Type *(Select one)*



☐ **HSPD-12 Federal Credential**
Has this HSPD-12 Federal Credential ever been used at any other DOE-affiliated sites/locations in addition to SNL? ☐ Yes ☐ No ☐ Unknown



☐ **Local Site-Specific Only**
(Striped Design)

Badge Status
(Complete only one section)

1. ☐ **LOST** - *If lost outside Badge Office hours, notify Security Connection at 505-845-1321 in addition to submitting this form.*

or

☐ **STOLEN** - *If Stolen, notify SIMP immediately 24/7 at 505-845-1321 in addition to submitting this form.*

a. Date and time badge discovered as lost or stolen?

b. Last known physical location of badge:

c. Describe how badge was lost/stolen. *Include date(s), time(s), and location(s). If badge was stolen, list any other items taken.*

d. Have any attempts been made to recover the badge? ☐ Yes ☐ No *If yes, describe. Include date(s) and result(s)*

2. ☐ **UNRECOVERED** (Sandia Badge Requestor/Delegate Use Only)

a. Reason the badge is no longer valid or required

b. Have any attempts been made to recover the badge? ☐ Yes ☐ No *If yes, describe. Include date(s) and result(s)*

3. ☐ **FORGOTTEN**

Report Completed By

☐ Badge Holder ☐ Other Name: _____ Title: _____ Phone: _____

Acknowledgment

I understand that the badge reported herein is the property of the U.S. Government and that in the event it is recovered, I will return it as soon as possible to the Sandia Badge Office

Signature: Date:

BADGE OFFICE USE ONLY - Badge No._____ SIMP NOTIFIED (security@sandia.gov) DATE or 'N/A': _____HSPD-12 Green Slip Completed? Y N N/A Initials _____