



West Lebanon Township  
322 North 22<sup>nd</sup> Street, Lebanon, PA. 17046  
Phone # (717) 274-1598 Fax: (717) 274-5119

*Department of Public Health & Safety*  
**RAPID ENTRY SYSTEM CHECK LIST**

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency Contact Person's Name \_\_\_\_\_

Emergency Contact Person's Phone Number \_\_\_\_\_ Cell \_\_\_\_\_

2<sup>nd</sup> Emergency Contact Person's Name \_\_\_\_\_

2<sup>nd</sup> Emergency Contact Person's Phone Number \_\_\_\_\_ Cell \_\_\_\_\_

Location of Entry Knox Box: North \_\_\_\_\_ South \_\_\_\_\_ East \_\_\_\_\_ West \_\_\_\_\_  
wall from front of Addressed Facility

Description of Entry Knox Box location \_\_\_\_\_

Special Remarks \_\_\_\_\_

Key(s) checked on door before installed in Knox Box: Yes \_\_\_\_\_ No \_\_\_\_\_

Picture of key in box before being locked by Code Officials/Fire Dept. Yes \_\_\_\_\_ No \_\_\_\_\_

Facility Persons Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**Knox Boxes MUST be ordered from Knox - [www.Knoxbox.com](http://www.Knoxbox.com)**

---

**Office Use only**

**Code Officials/Fire Dept Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

Received by West Lebanon Township \_\_\_\_\_ Date \_\_\_\_\_ File updated by \_\_\_\_\_ Staff initials \_\_\_\_\_