**State of New Jersey**

**Department of Treasury**

**Division of Purchase & Property**

**Declaration of Removal of all Hard Drives and**

**Other Data Storage Devices on Surplus Computer**

**and other Electronic Devices**

Department        P.O. Box #

Contact Name       Phone #       Fax #

***Requirements:***

***Completed forms must be sent to the Treasury Bureau of Special Services (B.O.S.S.) warehouse by fax (609) 588-0483 or email*** boss.warehouse@treas.state.nj.us ***to obtain approval to ship.***

* Each Department must “sanitize” all equipment capable of storing data by **physically removing** all hard drives, storage disks, memory sticks and any other devices capable of storing data. The media must be purged in accordance with the Office of Information Technology Policy [09-10-NJOIT](http://www.state.nj.us/it/ps/09-10-NJOIT%20Information%20Disposal%20and%20Media%20Sanitization%20Policy.pdf), Information Disposal and Media Sanitization.
* This form applies to all desktop and laptop computers, copiers, multifunction devices (print/fax/scan/copy), servers, cell phones, PDAs, notebooks, smart phones, and any other electronic device with data storage capabilities that is to be declared surplus.
* No arrangements may be made to drop off or have picked up any covered equipment until after approval by, and in coordination with, the B.O.S.S. warehouse staff.
* This form must be filled out completely and authorized/certified by the Department and its’ IT Director. Incomplete or unsigned forms will be returned to the department contact.
* The original signed form must accompany the shipment to the warehouse or be given to the driver at time of pick-up.
* Any discrepancy between the count on this form and the physical count will result in refusal of the entire shipment. The discovery of any storage device in a shipment will result in refusal of the entire shipment. Should a drive be discovered in a shipment after delivery has been accepted, that entire shipment will be segregated and must be picked up by the owning agency within 48 hours.
* This is a joint Division of Purchase & Property, Division of Property Management, and Office of Information Technology initiative to protect all confidential, personal, and sensitive data from unauthorized access.

**I hereby approve the surplus declaration of** **pieces of equipment meeting the above criteria:**

Departmental/Agency approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

*(Signature)*

Print Name       Title

**I hereby attest that all** **pieces of equipment meeting the above criteria have been properly sanitized by physical removal of all storage devices/media.**

Information Technology Certification Date

*(Signature)*

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

***To be completed by owning Department/Agency and B.O.S.S. personnel at time of transfer. These signatures attest to count only, not to absence of data storage devices.***

Date Equipment Picked Up/Delivered \_\_\_\_\_\_\_ # of Pieces \_\_\_\_\_ Department Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date B.O.S.S. Accepted Equipment \_\_\_\_\_\_\_\_\_\_\_\_ # of Pieces \_\_\_\_\_ B.O.S.S. Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Repurpose Sanitization Validation Form**

Department       P.O. Box #

Contact Name       Phone #       Fax #

***Requirements:***

* Each Department must “sanitize” all equipment capable of storing data by **purging** all hard drives, storage disks, memory sticks and any other devices capable of storing data. The media must be purged in accordance with the Office of Information Technology Policy [09-10-NJOIT](http://www.state.nj.us/it/ps/09-10-NJOIT%20Information%20Disposal%20and%20Media%20Sanitization%20Policy.pdf), Information Disposal and Media Sanitization.
* This form applies to all desktop and laptop computers, copiers, multifunction devices (print/fax/scan/copy), servers, cell phones, PDAs, notebooks, and any other electronic device with data storage capabilities that is to be declared surplus.
* This form must be filled out completely and authorized/certified by the Department and its’ IT Director.
* This is a joint Division of Purchase & Property, Division of Property Management, and Office of Information Technology initiative to protect all confidential, personal, and sensitive data from unauthorized access.

| **Item Description** | **Make/Model** | **Serial Number** | **Backup Made (Y/N)** | **Backup Location** | **Date Conducted** | **Validation Signature** | **Name** | **Phone #** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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**I hereby approve the surplus declaration of       pieces of equipment meeting the above criteria:**

Departmental/Agency approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

 *(Signature)*

Print Name       Title

**I hereby attest that all** **pieces of equipment meeting the above criteria have been properly sanitized by purging of all storage devices/media and are in full compliance with the Office of Information Technology Policy Standard** [**09-10-NJOIT**](http://www.state.nj.us/it/ps/09-10-NJOIT%20Information%20Disposal%20and%20Media%20Sanitization%20Policy.pdf)**, Information Disposal and Media Sanitization*.***

Information Technology Certification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

 *(Signature)*

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



**Media Destruction Form**

Department       P.O. Box #

Contact Name       Phone #       Fax #

Vendor Name       Vendor Signature

Date Conducted       Conducted by

Sanitization Method Used:

***Requirements:***

***Completed forms must be filed by the Agency.***

* Each Department must “sanitize” all equipment capable of storing data by **destroying** all hard drives, storage disks, memory sticks and any other devices capable of storing data. The media must be purged in accordance with the Office of Information Technology [09-10-NJOIT](http://www.state.nj.us/it/ps/09-10-NJOIT%20Information%20Disposal%20and%20Media%20Sanitization%20Policy.pdf), Information Disposal and Media Sanitization.
* This form applies to all desktop and laptop computers, copiers, multifunction devices (print/fax/scan/copy), servers, cell phones, PDAs, notebooks, and any other electronic device with data storage capabilities that is to be declared surplus.
* This form must be filled out completely and authorized/certified by the Department and its’ IT Director.
* This is a joint Division of Purchase & Property, Division of Property Management, and Office of Information Technology initiative to protect all confidential, personal, and sensitive data from unauthorized access.

| **Item Description** | **Make/Model** | **Serial Number** | **Backup Made (Y/N)** | **Backup Location** | **Date Conducted** | **Validation Signature** | **Name** | **Phone #** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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**I hereby approve the surplus declaration of       pieces of equipment meeting the above criteria:**

Departmental/Agency approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

 *(Signature)*

Print Name       Title

**I hereby attest that all       pieces of equipment meeting the above criteria have been properly sanitized by purging of all storage devices/media and are in full compliance with the Office of Information Technology Policy Standard** [**09-10-NJOIT**](http://www.state.nj.us/it/ps/09-10-NJOIT%20Information%20Disposal%20and%20Media%20Sanitization%20Policy.pdf)**, Information Disposal and Media Sanitization*.***

Information Technology Certification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

 *(Signature)*

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



**Agency Onsite Pickup**

**Media Sanitization Validation Form**

|  |  |
| --- | --- |
| Vendor Name:      | Vendor Signature:      |
|  |
| Organization:       |
| Item Description:       |
| Make/Model:      |
|  |
| Serial Number(s)/Property Number(s):      |
|  |
| Backup Made of Information: **[ ]**  Yes **[ ]**  No |
| If Yes, Backup Location:       |
| Are the data contained on this media subject to a Legal Hold Notice? **[ ]** Yes **[ ]** No  |
| ItemDisposition**:** **[ ]**  Purge **[ ]**  Destroy  | Date Conducted:       |
| Conducted By:       |
| Phone #:       |
| Validated By:        |
| Phone #:        |
| Sanitization Method to be Used (Example; Active Killdisk, incineration, etc.):      |
|  |
| FinalDispositionofMedia**:** **[ ]**  Disposed **[ ]**  Reused Internally **[ ]**  Reused Externally **[ ]**  Returned to Manufacturer **[ ]**  Other:  |