pennsylvania
DEPARTMENT OF GENERAL SERVICES

Chain of Custody Tracking Form

551/DISPOSITION #: _____

This list should include each piece of IT equipment presented for surplus. Add lines as necessary, or attach a separate listing to this form.

ID	Serial Number	552#	Equipment Make/Model and Brief Description	Equipment Sanitized	Storage Device Sanitized
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
			Total Equipment Sanitized:		
			Total Storage Devices Sanitized:		

Attestation of Sanitization of Equipment and any/all Removable Media (hard drives, storage devices, etc.)

I hereby attest that all _____ pieces of equipment have been properly sanitized by physical removal of all storage devices/media and that all _____ hard drives have been securely erased using a disk wipe software utility and/or degaussing procedure in compliance with ITP-SEC015 and removed from any equipment provided as part of this surplus.

Agency/Dept. Name: _____ Contact Info: _____

Print Name: _____ Title (CIO or Designee): _____

Signature: _____ Date: _____

This Chain of Custody should be executed by any party releasing or receiving this equipment during the surplus process. Add lines as necessary

Date/Time	Release By (Printed and Signed)	Received By (Printed and Signed)	Location/Comments	ITP SEC015*

*Each individual releasing and/or receiving must check this box to indicate they have complied with their responsibilities as outlined in ITP-SEC015.