

**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, 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, 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 #



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, 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 #



**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: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, Backup Location:			
Are the data contained on this media subject to a Legal Hold Notice? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Item Disposition:		Date Conducted:	
<input type="checkbox"/> Purge		Conducted By:	
<input type="checkbox"/> Destroy		Phone #:	
		Validated By:	
		Phone #:	
Sanitization Method to be Used (Example; Active Killdisk, incineration, etc.):			
Final Disposition of Media: <input type="checkbox"/> Disposed			
<input type="checkbox"/> Reused Internally			
<input type="checkbox"/> Reused Externally			
<input type="checkbox"/> Returned to Manufacturer			
<input type="checkbox"/> Other:			

State of New Jersey
Department of Treasury
Bureau of Special Services (BOSS) Warehouse
E-Shredding approval of surplus
Hard Drives and other Data Storage/Electronic Devices

Department/Agency _____

Contact Name _____ Phone# _____ Fax# _____

REQUIREMENTS:

Complete and accurate forms must accompany drop off load at time of scheduled delivery to the Treasury BOSS Warehouse. Contact Boss.Warehouse@treas.state.nj.us to obtain drop off authorization. Any load not previously scheduled and approved will be rejected.

- Each Department/Agency must have an accurate count of items selected on bottom of this form for drop off.
- This form applies to all hard drives, cell phones/pda's/bb's, magnetic tapes, notebooks/tablets, floppy diskettes and/or any other data/electronic storage device which are declared as State surplus.
- This form must be filled out completely and authorized/certified by the Department's 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 the time of pickup.
- Any discrepancy between the count on this form and the physical count will result in refusal of the entire shipment.

This is a joint Division of Purchase & Property, Division of Property Management (BOSS), 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:

Totals of each category

Hard drives	Cell phones/ PDA's/BB's	Magnetic Tapes/Tape reels	Floppy disks	Notebook/ tablets	Other (specify)

Departmental ITO certification _____ Date _____
 (signature)

Print Name _____ Title _____

To be completed by owning Department/Agency representative and B.O.S.S. personnel at time of transfer. These signatures attest to count only.

Date Equipment Picked Up/Delivered _____ # of Pieces _____ Department Signature _____

Date B.O.S.S. Accepted Equipment _____ # of Pieces _____ B.O.S.S. Signature _____