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			
Requirements:			
Completed forms must be sent to the Treasuremail boss.warehouse@treas.state.nj.us to determine the treasurement of		vices (B.O.S.S.) warehouse by fax (609) 588-0483 oı
	ices capable of storing dat	data by physically removing all hard of ta. The media must be purged in accord sposal and Media Sanitization.	
This form applies to all desktop and lap	ptop computers, copiers, n	multifunction devices (print/fax/scan/copy) evice with data storage capabilities that is	, servers, cel to be declared
 No arrangements may be made to dro coordination with, the B.O.S.S. warehouse 		any covered equipment until after approv	/al by, and in
 This form must be filled out completely unsigned forms will be returned to the dep 		by the Department and its' IT Director.	Incomplete or
 The original signed form must accompany 	the shipment to the wareh	ouse or be given to the driver at time of pic	ck-up.
discovery of any storage device in a ship	ment will result in refusal of	count will result in refusal of the entire s f the entire shipment. Should a drive be d Il be segregated and must be picked up	liscovered in a
 This is a joint Division of Purchase & P initiative to protect all confidential, person 		rty Management, and Office of Information unauthorized access.	n Technology
I hereby approve the surplus declaration of _	pieces of equipmen	t meeting the above criteria:	
Departmental/Agency approval		Date	
Departmental//tgeney approval	(Signature)		
Print Name			
I hereby attest that all pieces of equiporemoval of all storage devices/media.	ment meeting the above c	riteria have been properly sanitized by	physical
Information Technology Certification		Date	
	(Signature)		
Print Name			
To be completed by owning Department/Ager count only, not to absence of data storage de		el at time of transfer. These signatures	attest to
Date Equipment Picked Up/Delivered	# of Pieces Depart	tment 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 #
								-

Item Description	Make/Model	Serial Number	Backup Made (Y/N)	Backup Location	Date Conducted	Validation Signature	Name	Phone #
I hereby approve the	surplus declara	ation of pied	es of equi	pment meeting the a	bove criteria:			
Departmental/Agency	approval		(Signat	ure)		Date		
Print Name						Title		
							purging of all storage device bosal and Media Sanitization.	
Information Technolo	ogy Certificatio	n	(Signat	ure)		Date		
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, 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 #
							_	ļ

Item Description	Make/Model	Serial Number	Made (Y/N)	Backup Location	Date Conducted	Validation Signature	Name	Phone #
I hereby approve the	surplus declara	ation of pied	es of equi	oment meeting the a	bove criteria:			
Departmental/Agency a	approval					Date		
			(Signat	ure)				
Print Name						Title		
							purging of all storage device oosal and Media Sanitization.	
Information Technolo	ogy Certificatio	n	(Signat			Date		
			(Signat	ure)				
Print Name						Title		

Backup



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 Hol	d Notice? Yes No
Are the data contained on this media subject to a Legal Hol Item Disposition:	d Notice? Yes No Date Conducted:
	Date Conducted:
Item Disposition: Purge	Date Conducted: Conducted By:
Item Disposition:	Date Conducted: Conducted By: Phone #:
Item Disposition: Purge	Date Conducted: Conducted By:
Item Disposition: Purge	Date Conducted: Conducted By: Phone #:
Item Disposition: Purge	Date Conducted: Conducted By: Phone #: Validated By: Phone #:
Item Disposition: Purge Destroy	Date Conducted: Conducted By: Phone #: Validated By: Phone #:
Item Disposition: Purge Destroy	Date Conducted: Conducted By: Phone #: Validated By: Phone #: cineration, etc.):

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		Pho	ne#	Fax#	
· · · · · · · · · · · · · · · · · · ·	house@treas.state			=	he Treasury BOSS Warehouse. ot previously scheduled and
 This form and/or any This form unsigned form the original pickup. Any discreption This is a joint Div Technology initiativ 	applies to all hard of other data/electro must be filled out orms will be returned al signed form must pancy between the ision of Purchase e to protect all con the surplus declaration	drives, cell phones onic storage device we completely and auted to the department accompany the shount on this form a	s/pda's/bb's, mag which are declared chorized/certified nt contact. sipment to the Wa and the physical conn of Property Mand sensitive data	gnetic tapes, noteber as State surplus. by the Department arehouse or be give ount will result in reference (BOSS from unauthorized	
Hard drives	Cell phones/ PDA's/BB's	Magnetic Tapes/Tape reels	Floppy disks	Notebook/ tablets	Other (specify)
Departmental ITO c	ertification	(signa	ature)	Date	
				_Title	
count only.			·		er. These signatures attest to

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