 **OPD-SEC015A**

## ***Commonwealth of Pennsylvania***

## ***Chain of Custody Tracking Form***

###

**STD-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** | **Equipment Make/Model and Brief Description** | **Equipment Sanitized****(Y/N)** | **Storage Devices Sanitized****(Y/N)** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| **Total Equipment Sanitized:** |  |  |
| **Total Storage Devices Sanitized:** |  |

**Attestation of Sanitization of Electronic Devices and any/all Electronic Media**

I hereby attest that all \_\_\_\_\_\_ pieces of electronic devices have been properly sanitized by physical removal of all electronic storage devices and that all \_\_\_\_\_\_\_ pieces of electronic media have been securely erased using a disk wipe software utility and/or degaussing procedure in compliance with [ITP-SEC015](https://www.oa.pa.gov/Policies/Documents/itp_sec015.pdf) and removed from any electronic devices provided as part of this surplus.

Agency/Dept. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title (CIO or designee):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date/Time** | **Released By****(Print & Sign)** | **Received By****(Print & Sign)** | **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](https://www.oa.pa.gov/Policies/Documents/itp_sec015.pdf).

This chart contains a history of this publication’s revisions.

|  |  |  |
| --- | --- | --- |
| **Version** | **Date** | **Purpose of Revision** |
| Original | 10/4/18 | Base Document |
| Revision | 06/21/22 | OPD refresh |
|  |  |  |
|  |  |  |