Computer/Peripheral Disposal Form

Health Care Information Systems, UI Health Care

RESET FORM

List each piece of equipment on a separate line

Workstation/ Printer ID: M/B ###### R/P ###	UI Tag # (if available)	Description (Manufacturer/Model)	Serial Number	Location	**HCIS Use**: Designation

Health Care Information Systems (HCIS) is authorized to dispose of the listed computer / peripheral equipment. I understand that HCIS will be responsible for ensuring that all information and software have been removed from this equipment to Department of Defense standards and that this equipment may be distributed for continued use by UI Health Care or sent to UI Surplus.

Form requires two signatures.

Department/Division:			
Requestor (print name)		Phone:	
Signature of Requestor:		Date:	
Dept. Director (print name)		Phone:	
Signature of Director:		Date:	

(The following will be completed by Health Care Information Systems)

Items retrieved: Date: _____ Initials: _____

Temporary Holding Location: _____

Hard drives erased: Date:_____ Name: (print name and initial) _____

Items reviewed and sorted: Date: _____ Initials: _____

Inventory updated with new status and storage location: Date: _____ Initials:_____

PMO Transfer forms completed: Date: _____ Initials: _____

PMO Surplus forms completed: Date: _____ Initials: _____

Forms faxed: Date: _____ Initials: _____

Surplus contacted: Date: _____ Initials: _____

(Please send to HCIS Inventory/Surplus, Attn: Disposal Processing: L102 MERF, fax: 384-3004, email: inventory-hcis@uiowa.edu)

e-forms