

Upon completion, please email to DoIT-SecurityOfficers@doit.nm.gov

DATE:

AGENCY CODE:

AGENCY NAME:

Agency Contact Information Responsible for Equipment Removal

Agency Contact:

Title:

Email:

Phone (Office or Cell):

Equipment Information (One form for each equipment item)

Other:

Other:

Machine Names:

Serial No.:

Manufacture:

Model:

Operating System:

IP Address:

Rack ID:

Rack Unit ID:

Decommissioned Equipment Date:

Remove Equipment Date:

Will equipment rack be removed? YES NO

Will other equipment replace the removed equipment? YES NO *(If yes, complete the equipment installation request.)*

Will equipment be reconfigured and returned? YES NO *(If yes, complete the equipment installation request.)*

Special Requirements

Other Information the Data Center Staff Should Be Aware of:

In Case of An Emergency

If the removal of equipment is an emergency status, please drop-off this form at the DoIT Security front desk and inform the on-duty Security Officer of the nature of the emergency.

Once the emergency has subsided, you may retrieve the form from the Security office and complete the form as required with signatures.

Agency and DoIT Signatures

Agency CIO:

Date:

Print Name:

Person Removing Equipment:

Date:

Print Name:

DoIT Data Center Engineer:

Date:

Print Name:

DoIT Facilities Manager:

Date:

Print Name:

DoIT Building Security Officer:

Date:

Print Name: