**University of Manitoba – Electronic Device Decommission/Redeploy**

**Instructions for Completing and Submitting this Form**

1. Complete all applicable sections of the form providing all relevant and available information
2. Sign the form in the signature block in the Technical Contact section
3. If self-transporting the equipment to the Service Desk, bring the completed signed form along with the equipment
4. If requesting transportation of the equipment to the Service Desk (by Physical Plant), scan the completed and signed form and email a PDF version to the Service Desk
5. Separate forms are required for recycling, redeployment, and donations.

**Reason for Data Destruction (Select one and provide additional information as required)**

Redeploy (must meet minimum specification for redeployment) (Complete Sections 1 – 7)

Recycle as e-Waste (Complete Sections 1 – 7)

Donate (Complete Sections 1 - 8)

## SECTION 1 - CUSTOMER CONTACT INFORMATION FOR SYSTEM OR MEDIA (The person who uses the equipment)

|  |  |
| --- | --- |
| **Faculty, Department, Unit** |  |
| **Client Name** |  |
| **Address (Room# Building)** |  |
| **Phone #** |  |

SECTION 2 - TECHNICAL CONTACT INFORMATION FOR SYSTEM OR MEDIA (The person who provides technical support; donation or redeployment - confirms that data has been destroyed)

|  |  |  |  |
| --- | --- | --- | --- |
| **Faculty, Department, Unit** |  | | |
| **Data has been destroyed per the destruction standard?** | | Yes  No | |
| **Technician Name** |  | **Technician Signature** |  |
| **Address (Room# - Building)** |  | | |
| **Phone #** |  | | |

## SECTION 3 - IDENTIFYING INFORMATION FOR EQUIPMENT OR MEDIA

|  |  |  |  |
| --- | --- | --- | --- |
| **Asset Tag** |  | **U of M Capital Asset ID #** |  |
| **Make** |  | **Model** |  |
| **Media Serial # (if loose)** |  | **System Serial #** |  |

Complete one form for multiple devices and attach either **Schedule 1, Lot Information or Schedule 2, Lot Information for Donation**

## SECTION 4 - LOCATION OF EQUIPMENT (Select one and provide additional information where applicable)

Redeployed to (name of new user): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment kept for spare parts (provide any relevant details): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Held in this location for future redeployment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment brought to the Service Desk by Technical Contact/Representative

The Service Desk to arrange pickup from:

|  |  |
| --- | --- |
| **Contact Name** |  |
| **Unit/Faculty, Department** |  |
| **Contact Phone #** |  |
| **Pick Up From (Room, Bldg.)** |  |

## SECTION 5 - GRACE PERIOD (Equipment can be held for 10 business days before destruction.)

Required  Not Required

## SECTION 6 - DATA DESTRUCTION CONFIRMATION NOTICE

Required  Not Required

If *Required*, a Data Destruction Confirmation Notice will be forwarded once Data Destruction has been completed, which may be up to four weeks after the equipment is received by the Service Desk.

## SECTION 7 - AUTHORIZATION FOR REDEPLOY / INTERDEPARTMENTAL TRANSFER, RECYCLE/ DISPOSAL or DONATION

The Business Manager, Dean or Director must provide authorization.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Job Title** |  |
| **Signature** |  | | |

## SECTION 8 - REQUEST FOR DONATION EXCEPTION

**Privacy Office Approval** - Forward completed forms to the Privacy Office for approval and attach when submitting the request.

**Director, Information Security & Compliance Approval** - The Service Desk will forward the request to the director for approval.

|  |  |
| --- | --- |
| **Signature** |  |

**CIO Approval** - The Service Desk will forward the request to the CIO for final approval.

|  |  |
| --- | --- |
| **Signature** |  |

|  |  |
| --- | --- |
| **Donee Organization** |  |
| **Donee Contact Name** |  |
| **Donee Contact Phone** |  |

**See the Control and Custody of Electronic Devices Policy for more information regarding the donation of personal computers to external parties.**

## Pick-Up Receipt (To be completed by Physical Plant)

|  |  |
| --- | --- |
| **Picked Up By (Print Name)** |  |
| **Signature** |  |
| **Date and Time** |  |
| **Notes** |  |

## Delivery Receipt – In Person Drop Off Only (To be completed by the Service Desk)

|  |  |
| --- | --- |
| **Form Received By** |  |
| **Signature (Receiver)** |  |
| **Date** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **Service Desk** | | | **Fort Garry**  (Mon-Fri 8:00 am to 8:00 pm) 204-474-8600 123 Fletcher Argue  [servicedesk@umanitoba.ca](mailto:servicedesk@umanitoba.ca) | **Bannatyne**  (Mon-Fri 8:30 am to 4:30 pm) 204-474-8600 230 Neil John Maclean Library | |