

State of Alaska Media Disposal Assurance Form

State of Alaska Service Desk • Statewide phone 888-565-8680
Statewide fax 866-561-1855 • Email: soa.help.center@alaska.gov

Salvage/Surplus
 Destruction
 Other: _____

Technical Contact Information

Department/Division:	Technician Name:	Phone #:
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Computer or Drive Information (or attach list)

Computer Make:	Computer Model #:	Computer S/N #:	Drive Model #:	Drive Make #:	Drive S/N #:
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Supervisor Contact Information

Supervisor Name:	Phone #:	Date:	
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Terms and Conditions

The State of Alaska requires that all electronic media to be cleaned, with a wipe utility that prevents the recovery of any State data from device, prior to being salvaged, surplus, or disposed of. The State further requires:

Salvage/Surplus Devices:

- A three (3) pass random wipe, where each sector of a disk is erased and written to a minimum of three times. A DoD 5220-22.M compliant wipe utility is provided by ETS/Security at:

<ftp://ftpguest.ftpguest@transfer.state.ak.us/diskcleaner/dban-2006042900.iso>
- Technician Submit a signed Media Disposal Assurance Form
- The Technician's Supervisor signed the Media Disposal Assurance Form
- A copy of the signed Media Disposal Assurance Form is attached to the Transfer Authorization Form (TAR) that accompanies the salvaged/surplus device(s), prior to acceptance by the Property Manager or State Warehouses.

Disposal of Devices:

- A three (3) pass minimum random wipe, where each sector of the disk is erased and written to a minimum of three times.

Or

- The device destroyed in such a manner that the media is not recoverable.
Note: Equipment shall not be destroyed unless it is truly unserviceable.
 - Removal Media – Magnetic Media Cut or Severed
 - Hard drives – Magnetic Platters Drilled or removed and broken

A copy of the signed Media Disposal Assurance Form is attached to the Property Salvage Destruction Request form that accompanies the salvaged/surplus device(s), prior to acceptance by the Property Manager or State Warehouses.

I hereby certify the terms and conditions for the Media Disposal Assurance has been met for the device(s) listed above.

Signatures: _____ Date: _____

Technician Name: _____ Signature: _____

Supervisor Name: _____ Signature: _____