Inventory information

[A1] Department: _____
[A2] Division: _____
[A3] Inventory Area: _____
[A4] Submit to: _____
        (email address)

[A5] Inventory Done By: _____
_____
        (name & email address)
[A6] Due Date: _____

[A] Device Category

1. Workstation:
        ☐ Desktop   ☐ Laptop
2.
        ☐ Server

3.
        ☐ Printer
4.
        ☐ Other device: _____(specify)

Networked Device Information

[B] Primary use:
☐ General Office   ☐ Patient Care
☐ Research   ☐ Teaching
[C] ☐ Other:_____(specify)

[D] Primary user: _____

[E] Device location: _____

[F] Phone # close to device: _____

[G] Device make:
☐ Acer   ☐ Dell   ☐ HP
☐ Apple   ☐ eMachine   ☐ IBM
☐ Compaq   ☐ Gateway   ☐ Sony

[H] Other: _____(specify)

[I] Device network connected? ☐ Yes ☐ No ☐ Don't know

[J] Identification No. _____
(Examples: Serial No.; Department Tag No.; UW Tag No.)

Device operating system information

[K] Operating system:
☐ Compaq Tru 64   ☐ Macintosh OS 10   ☐ Windows 2000   ☐ Windows XP
☐ IBM AIX   ☐ Red Hat Linux   ☐ Windows 2000 server   ☐ Windows 2003 server
☐ Macintosh OS 9   ☐ Solaris versions 8 or 9 **[L]** ☐ Other OS: _____ (specify)
                                                 ☐ Don't know

[M] Patching frequency:
☐ automatic download & install
☐ manual patching every _____ days
☐ no patching policy

☐ automatic download, user controlled install
☐ other patching policy: _____(specify)
☐ Don't know

[N] Security event logging & auditing enabled?
        ☐ Yes   ☐ No   ☐ Don't know

Device networking information

[O] IP address: _ _ _ . _ _ _ . _ _ _ . _ _ _

[P] MAC address: _ _ - _ _ - _ _ - _ _ - _ _ - _ _

Device security software information

[Q] Firewall or network filter:
☐ BlackIce (ISS RealSecure)   ☐ McAfee
☐ Gibraltar   ☐ Tcpwrappers &
☐ Norton Internet Security   IPFilters
☐ Macintosh Personal Firewall   ☐ ZoneAlarm
[R] ☐ Other firewall/filter: _____ (specify)
☐ No firewall/filter   ☐ Don't know

[S] Anti-virus software:
☐ McAfee VirusScan   ☐ Norton Anti-Virus
☐ Virex
[T] ☐ Other anti-virus software: _____
                                        (specify)
☐ No anti-virus software   ☐ Don't know

Data type information

Check all that apply:
[U] ☐ PHI (Protected Health Information)   **[Z]** ☐ non-sensitive public data
[V] ☐ SSN (Social Security Numbers)   **[AA]** ☐ other type: _____(specify)
[W] ☐ Sensitive Student Data
[X] ☐ Intellectual Property   **[AB]** ☐ other type: _____(specify)
[Y] ☐ Critical Research Data   **[AC]** ☐ Don't know

Device data classification

[AD] Data confidentiality needs:
☐ high   ☐ medium   ☐ low   ☐ Don't know

[AE] Data integrity needs: **[AF]** Data availability needs:
☐ high   ☐ medium   ☐ low   ☐ Don't know   ☐ high   ☐ medium   ☐ low   ☐ Don't know

Servers Only

[AG] Is it compliant with information security configuration & hardening guidelines & procedures?   **[AI]** Has it received Server System Certification?
☐ Yes   ☐ No   ☐ Don't know

☐ Yes   ☐ No   ☐ Don't know

[AH] Is it maintained in a secure location?   **[AJ]** Is a backup & recovery plan created & Maintained?
☐ Yes   ☐ No   ☐ Don't know   ☐ Yes   ☐ No   ☐ Don't know

Device Technical Support

[AK] Who provides technical support for this device?   ☐ Outsource   ☐ Don't Know
☐ Department Support   ☐ UW C&C   **[AL]** Name: _____
☐ HealthSciences IT   ☐ IT Services   **[AM]** Phone: _____

[AN] Notes: