Policy for Information Technology (IT) Assets

Summary:

The department of Anesthesiology and Pain Medicine has the responsibility to track computers and IT related equipment to include: desktop computers, laptops, iPads, and computer notebooks that come into the department for several reasons. One of the main reasons is compliance with University Computer Security standards, another reason is for tracking of computers for inventory and audit purposes.

Policy:

It is preferable that departments IT division order all computers and IT related equipment. If it is ordered by someone else in the department or purchased by an employee and reimbursed for it, then IT needs to be notified so that they can follow up. All equipment shall have an equipment inventory sticker attached to it. If the total costs of the equipment is less than the capital equipment threshold (currently $2,000) a “purple” bar coded sticker shall be applied to the equipment. All computer equipment shall be entered into “OASIS”, the University of Washington’s equipment data base by the departmental inventory person. This person also records encumbrance in departmental database.

Any computer or IT equipment that will be used at home or away from the office must complete an “Equipment Agreement” (see attached.) This agreement must be signed and will be filed appropriately.

The preferable email address for anything related to purchasing computer equipment is:

apmhelp@uw.edu
DEPARTMENT OF ANESTHESIOLOGY
HOME EQUIPMENT AGREEMENT

Agreement between: __________________________ and The University of Washington, Department of Anesthesiology and Pain Medicine

The equipment listed below was purchased by the department of Anesthesiology and Pain Medicine for the sole purpose of performing work duties while employed by the department in accordance with UW Policy and Washington State Ethics law (RCW 42.52)

<table>
<thead>
<tr>
<th>Item Description</th>
<th>UW Budget #</th>
<th>Value</th>
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I ______________________ agree and understand that this equipment is the property of the University of Washington, Department of Anesthesiology & Pain Medicine. When my appointment ends or when asked by the department, I will return the equipment back to the department in the same condition as I received it back to the department.

I agree to use this equipment only for the completion of my assigned work while employed by the department.

I agree to not change, alter, or destroy this equipment in any way.

I agree to notify the department of the location of the equipment

I understand that if the equipment is lost or stolen, I am responsible for the equipment

I understand that if the equipment is not returned, it is considered theft of state property and legal action can be taken.

______________________________  _______________
Name (Print and sign)        Date

______________________________  _______________
Department Representative       Date

OFFICE USE ONLY

Requisition#:  __________________________  Budget/Project No, __________________________

Description  __________________________  Serial Number  __________________________