

Inventory Data Collection Form

Inventory information	
[A1] Department: _____ [A2] Division: _____ [A3] Inventory Area: _____ [A4] Submit to: _____ <div style="text-align: right; font-size: small;">(email address)</div>	[A5] Inventory Done By: _____ <div style="text-align: right; font-size: small;">(name & email address)</div> [A6] Due Date: _____

[A] Device Category	
1. Workstation: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Desktop <input type="checkbox"/> Laptop </div> 2. <input type="checkbox"/> Server	3. <input type="checkbox"/> Printer 4. <input type="checkbox"/> Other device: _____ (specify)

Networked Device Information	
[B] Primary use: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> General Office <input type="checkbox"/> Patient Care </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Research <input type="checkbox"/> Teaching </div> [C] <input type="checkbox"/> Other: _____ (specify)	[G] Device make: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Acer <input type="checkbox"/> Dell <input type="checkbox"/> HP </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Apple <input type="checkbox"/> eMachine <input type="checkbox"/> IBM </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Compaq <input type="checkbox"/> Gateway <input type="checkbox"/> Sony </div>
[D] Primary user: _____	[H] Other: _____ (specify)
[E] Device location: _____	[I] Device network connected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
[F] Phone # close to device: _____	[J] Identification No. _____ (Examples: Serial No.; Department Tag No.; UW Tag No.)

Device operating system information	
[K] Operating system: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Compaq Tru 64 </div> <div style="width: 33%;"> <input type="checkbox"/> Macintosh OS 10 </div> <div style="width: 33%;"> <input type="checkbox"/> Windows 2000 </div> <div style="width: 33%;"> <input type="checkbox"/> Windows XP </div> <div style="width: 33%;"> <input type="checkbox"/> IBM AIX </div> <div style="width: 33%;"> <input type="checkbox"/> Red Hat Linux </div> <div style="width: 33%;"> <input type="checkbox"/> Windows 2000 server </div> <div style="width: 33%;"> <input type="checkbox"/> Windows 2003 server </div> <div style="width: 33%;"> <input type="checkbox"/> Macintosh OS 9 </div> <div style="width: 33%;"> <input type="checkbox"/> Solaris versions 8 or 9 </div> </div> [L] <input type="checkbox"/> Other OS: _____ (specify) <input type="checkbox"/> Don't know	
[M] Patching frequency: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> automatic download & install </div> <div style="width: 50%;"> <input type="checkbox"/> automatic download, user controlled install </div> <div style="width: 50%;"> <input type="checkbox"/> manual patching every _____ days </div> <div style="width: 50%;"> <input type="checkbox"/> other patching policy: _____ (specify) </div> <div style="width: 50%;"> <input type="checkbox"/> no patching policy </div> <div style="width: 50%;"> <input type="checkbox"/> Don't know </div> </div>	
[N] Security event logging & auditing enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	

Device networking information	
[O] IP address: ____-____-____-____	[P] MAC address: ____-____-____-____-____-____

Device security software information	
[Q] Firewall or network filter: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> BlackIce (ISS RealSecure) <input type="checkbox"/> McAfee </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Gibraltar <input type="checkbox"/> Tcpwrappers & IPFilters </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Norton Internet Security <input type="checkbox"/> ZoneAlarm </div> [R] <input type="checkbox"/> Other firewall/filter: _____ (specify) <input type="checkbox"/> No firewall/filter <input type="checkbox"/> Don't know	[S] Anti-virus software: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> McAfee VirusScan <input type="checkbox"/> Norton Anti-Virus </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Virex </div> [T] <input type="checkbox"/> Other anti-virus software: _____ (specify) <input type="checkbox"/> No anti-virus software <input type="checkbox"/> Don't know

Inventory Data Collection Form (back)

Data type information

Check all that apply:

[U] □ PHI (Protected Health Information)

[V] ☐ SSN (Social Security Numbers)

[W] ☐ Sensitive Student Data

[X] ☐ Intellectual Property

[Y] ☐ Critical Research Data

[Z] ☐ non-sensitive public data

[AA] ☐ other type: _____(specify)

[AB] ☐ other type: _____ (specify)

[AC] ☐ Don't know

Device data classification

[AD] Data confidentiality needs:

☐ high ☐ medium ☐ low ☐ Don't know

[AE] Data integrity needs:

☐ high ☐ medium ☐ low ☐ Don't know

[AF] Data availability needs:

☐ high ☐ medium ☐ low ☐ Don't know

Servers Only

[AG] Is it compliant with information security configuration & hardening guidelines & procedures?

☐ Yes ☐ No ☐ Don't know

[AH] Is it maintained in a secure location?

☐ Yes ☐ No ☐ Don't know

[AI] Has it received Server System Certification?

☐ Yes ☐ No ☐ Don't know

[A] Is a backup & recovery plan created & Maintained?

☐ Yes ☐ No ☐ Don't know

Device Technical Support

[AK] Who provides technical support for this device?

☐ Department Support

□ HealthSciences IT

□ UW C&C

☐ IT Services

☐ Outsource

☐ Don't Know

[AL] Name: _____

[AM] Phone: _____

[AN] Notes: