

## Appendix G—Sample “Certificate of Sanitization” Form

*This certificate is simply an example to demonstrate the types of information that should be collected and how a certificate might be formatted. An organization could alternatively choose to electronically record sanitization details, either through a native application or by using a form such as this one with an automated data transfer utility (such as a PDF form with a button to send the data to a database or email address). In the event that the records need to be referenced in the future, electronic records will likely provide the fastest search capabilities and best likelihood that the records are reliably retained.*

CERTIFICATE OF SANITIZATION		
<b>PERSON PERFORMING SANITIZATION</b>		
Name:		Title:
Organization:	Location:	Phone:
<b>MEDIA INFORMATION</b>		
Make/ Vendor:	Model Number:	
Serial Number:		
Media Property Number:		
Media Type:	Source (ie user name or PC property number):	
Classification:	Data Backed Up: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Backup Location:		
<b>SANITIZATION DETAILS</b>		
Method Type: <input type="checkbox"/> Clear <input type="checkbox"/> Purge <input type="checkbox"/> Damage <input type="checkbox"/> Destruct		
Method Used: <input type="checkbox"/> Degauss <input type="checkbox"/> Overwrite <input type="checkbox"/> Block Erase <input type="checkbox"/> Crypto Erase <input type="checkbox"/> Other:		
Method Details:		
Tool Used (include version):		
Verification Method: <input type="checkbox"/> Full <input type="checkbox"/> Quick Sampling <input type="checkbox"/> Other:		
Post Sanitization Classification:		
Notes:		
<b>MEDIA DESTINATION</b>		
<input type="checkbox"/> Internal Reuse <input type="checkbox"/> External Reuse <input type="checkbox"/> Recycling Facility <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other (specify in details area)		
Details:		
<b>SIGNATURE</b>		
I attest that the information provided on this statement is accurate to the best of my knowledge.		
Signature:		Date:
<b>VALIDATION</b>		
Name:		Title:
Organization:	Location:	Phone:
Signature:		Date: