**United States Department of Agriculture**

Food and Nutrition Service



**Office of Information Technology**

**Portfolio Management Division (PMD)**

**FNS System Disposition Checklist Template**

**for**

**[Project or System Name]**

**Version 1.1**

September 09, 2013

**Revision History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Change Description** |
| 1.0 | 03-19-2012 | IT Governance Branch (ITGB) | Created the document. |
| 1.1 | 09-09-2013 | IT Governance Branch (ITGB) | Re-formatted the document. |
| 1.2 |  |  |  |
| 1.3 |  |  |  |

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# Glossary

| **Acronym** | **Description** |
| --- | --- |
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|  |  |
|  |  |
|  |  |

# Initial System Evaluation and Planning

| **Question** | **Accomplished?** | **Comments** |
| --- | --- | --- |
| Has all system documentation been assigned a security categorization as specified in FIPS 199 and NIST SP800-60? | Yes  No |  |
| Have plans for re-use and/or recycling of media, hardware, and software been determined, as specified in NIST SP800-59? | Yes  No |  |
| Has a formal system disposition plan that documents all required activities been completed? | Yes  No |  |
| Has the impact of system disposition on system stakeholders been assessed? | Yes  No |  |
| Have all the technical interdependencies with other systems been identified, such as hyperlinks, and mitigation strategies documented? | Yes  No |  |

# Communications

| **Question** | **Accomplished?** | **Comments** |
| --- | --- | --- |
| Has all system documentation been removed and/or updated to reflect the disposition of the system? | Yes  No |  |
| Has all the user community been notified of the schedule for system disposition? | Yes  No |  |

# Data Disposition

| **Question** | **Accomplished?** | **Comments** |
| --- | --- | --- |
| Has all system data been archived in the agreed-upon format? | Yes  No |  |
| Has all the system data been evaluated to identify all applicable legal requirements for records retention? | Yes  No |  |

# Software Disposition

| **Question** | **Accomplished?** | **Comments** |
| --- | --- | --- |
| Have all software library files related to the information system been archived, deleted, or transferred to other systems, as planned? | Yes  No |  |

# Documentation Disposition

| **Question** | **Accomplished?** | **Comments** |
| --- | --- | --- |
| Has a copy of all current information system documentation been archived in the agreed-upon format? | Yes  No |  |
| Have all system procedures been archived in the agreed-upon format? | Yes  No |  |
| Have all system procedures and documentation been stored in the agreed-upon archive location? | Yes  No |  |

# Equipment Disposition

| **Question** | **Accomplished?** | **Comments** |
| --- | --- | --- |
| Has all electronic media been sanitized, as appropriate, for the assigned system information security categorization and recycling/re-use plan? | Yes  No |  |
| Has media sanitization been validated and documented? | Yes  No |  |
| Have the hardware and software resources dedicated to the information system been completely documented? | Yes  No |  |
| Has the re-use, recycling, or destruction plan documented, in the system disposition plan, for all system hardware and software resources? | Yes  No |  |

# Appendix A: References

Insert the name, version number, description, and physical location of any documents referenced in this document. Add rows to the table as necessary.

The following table summarizes the documents referenced in this document.

|  |  |  |
| --- | --- | --- |
| **Document Name** | **Description** | **Location** |
| Document Name and Version Number | Document description | URL or Network path where document is located |
|  |  |  |
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# Approvals/Signatures

The undersigned acknowledge that they have reviewed the [name of document] document and agree with the information presented within this document. Changes to this document will be coordinated with, and approved by, the undersigned, or their designated representatives.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Print Name: |  |  |  |
| Title: |  |  |  |
| Role: | [Project or System Name] Project Manager |  |  |
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| Title: |  |  |  |
| Role: | [Project or System Name] Business Owner |  |  |
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| Title: |  |  |  |
| Role: | Organization’s Approving Authority |  |  |