

# EQUIPMENT & SYSTEM ACCESS RECORD

Name: \_\_\_\_\_ ☐ Employee ☐ Contractor Site: \_\_\_\_\_

|  |                        |                                | Responsible<br>Department | Assigned by<br>Date & Initials | Returned on &<br>Received by<br>Date & Initials |
|--|------------------------|--------------------------------|---------------------------|--------------------------------|---|
|  | Personal Computer      | Serial # _____ ODC Tag # _____ | IT                        |                                |   |
|  | PDA                    | Serial # _____ ODC Tag # _____ | IT                        |                                |   |
|  | Dictaphone             | Serial # _____ ODC Tag # _____ | IT                        |                                |   |
|  | Network Access<br>Code | User # _____                   | IT                        |                                |   |
|  | Email/Internet Acct    | User # _____                   | IT                        |                                |   |
|  | Remote Access          | Describe _____                 | IT                        |                                |   |
|  | Cell Phone             | Phone # _____ ODC Tag # _____  | Fac                       |                                |   |
|  | Pager                  | Phone # _____ ODC Tag # _____  | Fac                       |                                |   |
|  | Phone / VM Ext         | Ext # _____                    | Fac                       |                                |   |
|  | Key(s)                 | Site & Type _____              | Fac                       |                                |   |
|  | Combo Door Code        | Site _____                     | Fac                       |                                |   |
|  | Alarm Access Code      | Code _____                     | Fac                       |                                |   |
|  | Key Card               | Number _____                   | Fac                       |                                |   |
|  | MIS Access Code        | User # _____ System: _____     | MIS Mgr                   |                                |   |
|  | Other:                 |                                |                           |                                |   |
|  | Other:                 |                                |                           |                                |   |
|  | Other:                 |                                |                           |                                |   |

By signing below, I acknowledge:

- That I have received the above equipment and/or system access privileges.
- That all equipment and access codes remain the property of Open Door Community Health Centers and must be surrendered upon termination of my relationship with ODCHC.
- That assignment of the above items is intended to facilitate my work as an ODCHC employee or contractor, and that these items are not to be used for other purposes.
- That I have been assigned equipment and access privileges appropriate to my needs and that I may not attempt to breach or modify ODCHC security measures or equipment in any way. Requests for equipment enhancements or increased access privileges must be submitted in writing to the Security Officer.
- That I must secure my equipment and access codes to prevent any unauthorized access to ODCHC equipment, information or facilities, including by family or friends.
- That failure to sign and return this document will result in cancellation of equipment and/or access privileges.
- That final payment to contractors may be withheld contingent upon return or revocation of the above equipment or system access privileges.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS/ROUTING:

Individual assigning equipment or system access:

- \_\_\_ Send this form to employee/contractor for signature
- \_\_\_ Route signed original form to Operations Department for filing
- \_\_\_ Document assigned equipment or access in HROffice