|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  |  | | **FORMATO** | **DEVOLUCION** | |
|  |
| |  |  |  |  | | --- | --- | --- | --- | | |  |  | | --- | --- | | Fecha: | 14/08/2017 | |  | |
| **CHECKLIST (SOLO PARA USO DEL PERSONAL DEL CONSORCIO IBM)** |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | TPM: | |  | | --- | |  | |  | MCAFEE: | |  | | --- | |  | |  | REMOTE DESKTOP: | |  | | --- | |  | | | WSUS: | |  | | --- | |  | |  | TRC: | |  | | --- | |  | |  | AGENTE IMPRESION: | |  | | --- | |  | | |  | | | | | | | | | Representante de Soporte en Sitio: ...................................................................................................... | | | | | | | | |
|  |
| **DATOS DEL USUARIO** |
| |  |  |  |  | | --- | --- | --- | --- | | Responsable: | ALFREDO BENJAMIN LA ROSA GUTIERREZ | Ficha: |  | | Usuario: | alarosa@petroperu.com.pe | |  | | Gerencia: |  | |  | | Departamento: |  | |  | | Cargo: |  | |  | | Sede: | OFICINA PRINCIPAL | Localidad: | Sede Oficina Principal | | Ubicación Exacta: | PISO 09 - soluciones | |  | |
| **DATOS DEL ACTIVO** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Registro: | 09017 |  | Equipo: | DESKTOP | | Marca: |  |  | N° Activo Fijo: |  | | Tipo - Modelo: | THINKCENTRE M57 | | Procesador: |  | | N° de Serie: | LKGNWGX | | Memoria: |  | | Propietario: | IBM |  | Disco Duro: |  | |
| **PERIFÉRICOS** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Registro** | **Marca** | **Modelo** | **Serie** | | Monitor/LCD: |  | LENOVO |  |  | | Teclado: |  | LENOVO |  |  | | Mouse: |  | LENOVO |  |  | |
| **SOFTWARE ADICIONAL AL SOFTWARE BASE** |
| |  |  |  |  | | --- | --- | --- | --- | | Software: |  | | | |  |  |  |  | |  |  |  |  | |
| |  |  |  |  | | --- | --- | --- | --- | | Observaciones: ………….………………………………..……………………………………………………………………………………………   ……………………………………………………………………………………………………………………………………………………………………… | | | | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | Representante de Soporte en Sitio |  | Firma de Usuario | |  | Ficha: |  | Ficha: | |