



NETWORK USAGE TERMINATION OF NON-GOVERNMENT DEVICE

OFFICE USE ONLY

MOH SECURITY CONTACT	PHONE #	AGREEMENT # YYYY-####
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DEVICE INFORMATION

NETWORK IDENTIFICATION		<i>Network Identification is the full computer name found by clicking on the "System" icon within Window's "Control Panel." Then click on the "Computer Name" tab to see the "Full computer name" displayed.</i>
DEVICE TYPE (E.G. LAPTOP, ETC.)	MAC ADDRESS <i>At DOS prompt type: ipconfig/all and note Physical Address</i>	

MINISTRY CONTACT

If the device owner is a contracted resource, please keep the original copy of this form in the contract file and send a copy to Information Security and Audit Branch, Health Sector IM/IT Division, Ministry of Health.

NAME OF DEVICE OWNER		COMPANY OR ORGANIZATION NAME	
BUSINESS PHONE OF DEVICE OWNER	START DATE FOR NETWORK ACCESS YYYY/MM/DD	END DATE FOR NETWORK ACCESS YYYY/MM/DD	
FLOOR NUMBER AND SITE ADDRESS OF OFFICE WHERE THE DEVICE IS CONNECTED		ROOM # OR LOCATION WITHIN OFFICE	

In order to ensure the security of the leased Government (SPAN) data network/ resources, and to avoid significant costs resulting from breaches in security, all individuals terminating their connection of non-government managed devices from the government network are required to complete this termination agreement and return it, via fax or mail, to:

Mail: Ministry of Health Helpdesk Fax: 250 952-2401
System Services | Health Sector IM/IT Division
1-1, 1515 Blanshard Street
Victoria BC V8W 3C8

I, _____ agree to the following:
Device Owner (print name)

- That *all* acquired government data, files, and documents that have resided on the device *have been securely erased* (multiple erasures), and
- That *all* acquired government software, hardware, documentation, storage media and licenses that were used in conjunction with the non-government device *have been returned fully and completely to the ministry.*

Device Owner (signature) _____
Date

Authorizing Program Executive Director (signature) _____
Authorizing Program Executive Director (print name) _____
Date

Authorizing Ministry Information Security Officer (signature) _____
Authorizing Ministry Information Security Officer (print name) _____
Date