

Certificate of Sanitation		
Person Performing Sanitation		
Name:		Title:
Organization:	Location:	Email:
Media Information		
Make/Vendor:		Model Number:
Serial Number:		
Media Property Number		
Media Type (SSD, HDD, Tape etc.):		Sources (user or PC name):
Classification Level:		Data Backed Up? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Backup Location:		
Sanitization Details		
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 (<i>include version</i>):		
Verification Method:		
Post Sanitization Classification:		
Notes:		
Media Destination		
<input type="checkbox"/> Internal Reuse <input type="checkbox"/> External Reuse <input type="checkbox"/> Recycling Facility <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other:		
Details:		
Signature		
I attest that the information provided on this statement is accurate to the best of my knowledge.		
Signature:		Date:
Validation		
Name:		Title:
Organization:	Location:	Email:
Signature:		Date: