

4. KNOW YOUR EQUIPMENT



USE THIS FORM TO DOCUMENT INFORMATION ABOUT YOUR CRITICAL NON-IT EQUIPMENT.

Item: _____

Related business function name(s): _____

Brief description of item: _____

Manufacturer: _____

Model No: _____

Serial No: _____

Asset tag No: _____

Quantity: _____

Purchase/lease date: _____

Purchased/leased new or used: _____

Price paid: _____

Physical location within facility: _____

Is this equipment replaceable? _____

If so, how long to become functional? _____

If not replaceable, what are your options? _____

Are there spare parts available? If so, explain. _____

Is vendor/manufacturer installation required? _____

Primary supplier/vendor: _____

Alternate supplier/vendor: _____

Order time for replacement: _____

Warranty or service contract info: _____

(Attach photos)

Notes:

Last Updated: _____

Next Update: _____