

# EQUIPMENT/DEVICE HANDOVER FORM

ICT Center, AUST

|                   |                  |       |
|-------------------|------------------|-------|
| Form/Service No.: | Submission Date: | Time: |
|-------------------|------------------|-------|

## 1. USER INFORMATION

|                    |              |
|--------------------|--------------|
| Name:              | Contact No.: |
| Department/Office: | Designation: |

## 2. DEVICE INFORMATION

|                   |                                                                                                                                                                        |                       |                                                                         |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------|
| Device Type:      | <input type="checkbox"/> Desktop <input type="checkbox"/> Laptop <input type="checkbox"/> Monitor <input type="checkbox"/> Printer<br><input type="checkbox"/> Other:  | Asset / Inventory ID: |                                                                         |
| Brand / Model:    |                                                                                                                                                                        | Serial No.:           |                                                                         |
| Operating System: |                                                                                                                                                                        | Device Password:      | <input type="checkbox"/> Not Provided <input type="checkbox"/> Provided |
| Accessories:      | <input type="checkbox"/> Power Cable <input type="checkbox"/> Adapter <input type="checkbox"/> Keyboard <input type="checkbox"/> Mouse <input type="checkbox"/> Other: | Remarks:              |                                                                         |

## 3. REPORTED PROBLEM

|                                                |
|------------------------------------------------|
| Problem Description (as reported by the user): |
|                                                |

## 4. DATA SECURITY & USER RESPONSIBILITY DECLARATION

I understand and acknowledge that the ICT Center is not responsible for the security and backup, loss, corruption, alteration, disclosure, or recovery of any data, files, documents, software, user accounts, or personal information stored on the submitted device during diagnosis, troubleshooting, repair, maintenance, operating system installation, or any other technical work. I am responsible for taking a complete backup and erasing all important data to protect my passwords, accounts, and confidential information before submitting the device. I understand that technical work may require access to the device and may, in some cases, affect stored data. If required, the ICT Center will provide technical assistance for data backup; however, the responsibility for data security and protection remains with the user.

**User Declaration:** ☐ I have taken a backup and erased all important data. ☐ I understand the above terms.

|                      |            |              |            |
|----------------------|------------|--------------|------------|
| Submitted by (User): | Signature: | Received by: | Signature: |
|                      |            |              |            |

## 5. FOR OFFICE USE ONLY

|                              |                                                                                                                                                                                                                                                       |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initial Diagnosis:           |                                                                                                                                                                                                                                                       |
| Action / Repair Performed:   |                                                                                                                                                                                                                                                       |
| Parts / Components Replaced: |                                                                                                                                                                                                                                                       |
| Final Status:                | <input type="checkbox"/> Repaired <input type="checkbox"/> Partially Repaired <input type="checkbox"/> Awaiting Parts <input type="checkbox"/> No Fault Found <input type="checkbox"/> Beyond Repair <input type="checkbox"/> Returned Without Repair |
| Remarks:                     |                                                                                                                                                                                                                                                       |

## 6. DEVICE RETURN / HANDOVER

|              |            |
|--------------|------------|
| Return Date: | Time:      |
| Received by: | Signature: |