OIT Equipment Inventory

Stage One Requirements: Dock to Staging Area

Date: _____ **Remedy # _____**

Will this equipment be Housed * ____ or Hosted* ____

Core information:

Server Name: _____

Department / Division: _____

Installer's email: _____

Stage Two Requirements: Staging Area to Computer Room

Customer Billing Information:

Schedule 12 _____

Agency Code: _____

Customer support information:

Primary contact: _____

Primary work phone#: _____

Primary home phone#: _____

Primary after hours phone#: _____

Primary support e-mail address: _____

Optional Below:

Secondary contact: _____

Secondary work phone#: _____

Secondary after hours phone#: _____

Secondary e-mail address: _____

*** Housed: The customer owns and maintains the software/hardware and OIT provides a secure and controlled computer room environment.**

*** Hosted: The customer leases a non-shared server. Hardware/software is owned-maintained by OIT.**

OIT Equipment Inventory

Server Information:

Server Function or purpose: _____

Computer Room Floor Location: _____

Date installed: _____

Model-Manu. Name& Number: _____

Serial Number: _____

Operating System: _____

Date Removed: _____

Stage 3 Requirements: Powered up in the Computer Room

IP Address (See OIT server team) _____

MAC Address _____

If OIT Operations will be mounting backup tapes for you, please fill in the following information.

Backup Information:

Person Responsible: _____

Contact Phone #: _____

Tape Type: __ DDS__ DLT

Change Frequency:

__ Sun __ Mon __ Tues __ Wed __ Thurs __ Fri __ Sat

Time of Tape Change: Between: __:__ AM / PM & __:__ AM / PM

Weekly-monthly tapes used: ___ Weeks ___ Monthly

Actual Backup: Time: __:__ AM / PM Duration: ___:___

Offsite Storage: Day: _____ Week: _____

OIT Equipment Inventory

INSTRUCTIONS-EXAMPLE

Stage One Requirements: Dock to Staging Area

Date: Date form filled out. ***Remedy #*** If applicable, the Remedy assigned project #

Will this equipment be Housed * ____ or Hosted* ____

Core information:

Server Name: Customer assigned name the unit will have on the network. Physical servers only, NOT required for virtual servers.

Department / Division: Customers department-division names
Installer's Email: Email of person responsible for installation.

Stage Two Requirements: Staging Area to Computer Room

Customer Billing Information:

Schedule 12: TCP-IP billing code number so can be added to OIT network
Agency Code: The three letter designation for customers agency

Customer support information:

Primary contact: After install, who is called if problems or questions on units?
Primary work phone#: The best number to reach them at during day.
Primary home phone#: Their home number
Primary after hrs phone#: Either a cell, blackberry, pager, or other number.
Primary e-mail address: Best email address to contact them at

Optional Below:

Secondary contact: Name of person who backs up the primary contact

Secondary work phone#: Their work number including extention.

Secondary after hrs phone#: Best number to reach them at between 5pm-8am.

Secondary e-mail address: Their email address.

*** Housed: The customer owns and maintains the software/hardware and OIT provides a secure and controlled computer room environment.**
*** Hosted: The customer leases a non-shared server. Hardware/software is owned-maintained by OIT.**

OIT Equipment Inventory

Server Information:

Server Function or purpose: Units primary function(s)

Computer Room Floor Location: Cabinet's location. X-Y Ex: BX-35, Ask Operations if questions.
Date installed: Date placed on the computer room floor
Model-Manu. Name-Number Complete name. On front of user's manual w/ manufacturer
Serial Number: Called S/N. Often on back of unit.or in user manual
Operating System: Primary software controlling the unit-server
Date Removed: Date taken from computer room-decommissioned

Stage 3 Requirements: Powered up in the Computer Room

IP Address: Network address supplied to customer by OIT staff.

MAC Address: Manufacturer supplied number for network id