



State of Florida  
Department of Juvenile Justice  
**DATA STORAGE MEDIA SANITIZATION/DESTRUCTION FORM**

Pursuant to DJJ policy, all forms of data storage media (i.e. Hard Drives, USB Drives, Sim Cards, Memory, etc.) shall be sanitized in compliance with DJJ security standards. **ONLY ONE DEVICE PER FORM**

**SECTION 1 - Device Information (Please Print)**

Device Type: (i.e. computer, laptop, copiers, fax machine, etc.) \_\_\_\_\_

Device Make/Model: \_\_\_\_\_ Device Serial #: \_\_\_\_\_

Property Tag Number (if applicable): \_\_\_\_\_

**SECTION 2 – Storage Media Information (Please Print)**

#1. Storage Media Type: (i.e. hard drive, RAM, flash/thumb/jump drive, memory/SIM card, etc.)

Storage Media Make: \_\_\_\_\_ Serial#: \_\_\_\_\_

#2. Storage Media Type: (i.e. hard drive, RAM, flash/thumb/jump drive, memory/SIM card, etc.)

Storage Media Make: \_\_\_\_\_ Serial#: \_\_\_\_\_

#3. Storage Media Type: (i.e. hard drive, RAM, flash/thumb/jump drive, memory/SIM card, etc.)

Storage Media Make: \_\_\_\_\_ Serial#: \_\_\_\_\_

Reason for Sanitization:  Reimage & Reissue  Physical Destruction  Malware Infection  
 OTHER: \_\_\_\_\_ Secure Wipe/Erase Date: \_\_\_\_\_

Physical Destruction Date: \_\_\_\_\_ Date Certificate of Destruction Received: \_\_\_\_\_

**NOTE:** Some devices contain multiple forms of data storage media. If necessary, attach a separate document listing any additional data storage media. Include the data storage media type, make/model, and serial numbers. Also list the sanitization and physical destruction date.

**SECTION 3 – MIS Contact’s Information & Signature (Please Print)**

MIS Contact’s Name: \_\_\_\_\_ Ph:(\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Region/Circuit: \_\_\_\_\_

MIS Contact’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the storage media has been sanitized in a manner which provides reasonable assurance that the data may not be easily retrieved or reconstructed.

**SECTION 4 – MIS Regional Leader Information & Signature (Please Print & Sign/Date)**

MIS Regional Leader’s Name: \_\_\_\_\_ Ph: (\_\_\_\_\_) \_\_\_\_\_

MIS Regional Leader’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature indicates approval of data sanitization/destruction.

**DISTRIBUTION INSTRUCTIONS:** • Copy to applicable MIS Regional Leader  
• Retain original for your records

After the media has been physically destroyed please attach a copy of the Certificate of Destruction to this form and submit it to the DJJ Information Security Manager via e-mail or interoffice mail.