



State of Florida  
Department of Juvenile Justice  
**DATA STORAGE MEDIA CONFIGURATION CHECKLIST**

Pursuant to FDJJ - 1260 Policy and Procedures, all office machines with the ability to store/transmit data (i.e. copiers, printers, scanners, fax machines, etc.) shall be configured to operate in compliance with all applicable Bureau of Information Technology policies and procedures.

Device information and the configuration checklist must be completed by the Installer/Technician.

**Device Information (Please PRINT)**

Vendor Name: \_\_\_\_\_

Installer Name: \_\_\_\_\_

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

Transaction Type:  PURCHASE  LEASE  REPAIR/LOANER Setup Date: \_\_\_\_\_

**Configuration Checklist**

Please read the information below and check applicable boxes indicating that the device has been setup/configured based on the settings listed below. **N/A = Option Not Available**

- | DONE                     | N/A                      |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Enable AES Disk Encryption  |
| <input type="checkbox"/> | <input type="checkbox"/> | Enable Automatic Overwrite Function   |
| <input type="checkbox"/> | <input type="checkbox"/> | Disable faxing capabilities on copiers.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Delete all software applications from the device that are not required for operation.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Disable all unneeded protocols and services (i.e., DHCP, SMTP, Wireless & BOOTP)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Replace default passwords with complex passwords. <b>See FDJJ - 1225 Section II, A.</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Disable Internet Processing, Dial-In Diagnostics, and Re-Print features.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Configure the device for remote management by authorized <b>IT</b> personnel <b>ONLY</b> .                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Configure the device to prohibit unauthorized personnel from altering the configuration.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Configure the device to maintain its configuration state (passwords, service settings, etc.) after power down or reboot occurs. |

Installer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature indicated that the device has been setup and configured based on the applicable settings as listed above.

**Location, Supervisor & Bureau of Information Technology Contact Information (Please PRINT & Sign/Date)**

Device Location: \_\_\_\_\_ Bureau: \_\_\_\_\_ Circuit #: \_\_\_\_\_

Authorizing Supervisor's Name: \_\_\_\_\_ Ph: ( ) \_\_\_\_\_

Authorizing Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do you have the password/key to this device? Password:  Yes  No Key  Yes  No

IT Contact's Name: \_\_\_\_\_ Ph: ( ) \_\_\_\_\_

IT Contact's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do you have the password/key to this device? Password:  Yes  No Key  Yes  No

**DISTRIBUTION INSTRUCTIONS:**

- Authorizing Supervisor shall attach the completed/signed original form to the purchasing order as applicable.
- Authorizing Supervisor shall submit a copy of the completed/signed form to the DJJ Information Security Manager.
- Authorizing Supervisor shall disseminate completed/signed copies to the Installer and Information Technology Contact and retain a copy for his/her records.