



Initial Receipt of Tape

Tape received by: _____

Signature: _____

Location: _____

Time/Date: _____

Initial Tape Audit with Volser: (attached)

Supplier authorization by: _____

Signature: _____

Time/Date: _____

** This signature authorizes DMS to erase all data on the attached list of tape volser numbers. Supplier understands that following the data erasure process all data will be destroyed and is irretrievable.*

Secondary Tape Audit with Volser

Audited by: _____

Signature: _____

Time/Date: _____

Sanitization Process Audit

Tape format(s): _____

Tape quantity: _____

Method used: _____

Process validated by: _____

Signature: _____

Time/Date: _____

Tape Removal

Total box count: _____

Total tape count: _____

Tape format(s): _____

DMS Personnel: _____ Supplier: _____

Signature: _____ Signature: _____

Time/Date: _____ Time/Date: _____