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| < Insert name of pharmacy>**Portable equipment: asset control form** |

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| ***About the use of this document and related resources****: This* [*data security*](http://psnc.org.uk/ds) *document assists the pharmacy’s aligment with the*[*Data Security and Protection Toolkit (DSPTK)*](http://psnc.org.uk/dsptk)*. Related pharmacy policies are at PSNC’s* [*data security templates webpage*](http://psnc.org.uk/dstemplates)*.* |

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| Short description of asset: ……………………………………………………………..Asset number: …………………………….… Mobile number (where applicable) ……………………… Date entered on asset register: ………….................. Indelibly marked to indicate property of Pharmacy: YES / NOLogin security features which apply (more than one may be present): PASSWORD/ PASSCODE/FINGERPRINT/FACE IDENTIFICATION / OTHER ‘Find my device’ and global positioning system (GPS) features present: YES/NOThe device can be wiped remotely, if required? YES/NO |
| Allocated to: (Named person)…………………………….………………………….Located at: ……………………………………………………………..……………….. |
| **DECLARATION**I <name>………………………………………………….. agree to comply with the guidelines on the use of portable computer devices, mobile phones and removable media that contain personal data. I understand that it is my responsibility to report immediately any theft, loss, damage or misuse of the above asset.Failure to do so could result in disciplinary action or financial penalties.**Signature (electronic\* or ink): ………………………………………..** **Name:………………………………….****Dated: …………………………..** |

\*Note: Email or alternative remote confirmation that you have read and accept this confidentiality agreement is fine. Your employer may then file the email electronically as your confirmation.