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| < Insert name of pharmacy>  **Portable equipment: Disposal of portable asset control form** | | | | <Insert pharmacy logo> |
| Doc prepared by: | Doc approved by: | Date next review due: |  |  |
| Date prepared: | Date approved: | Date review takes place: |  |  |

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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: …………..................    Date removed from asset register: …………………………    Indelibly marked to indicate property of Pharmacy: YES / NO |
| Allocated to: (Named person): …………………………….………………………….    Located at: ……………………………………………………………..……………….. |
| **DECLARATION**  The above asset has been removed from the asset register and has been disposed of in accordance with the pharmacy procedures:  **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.

*This is an auditable record of portable equipment currently on the asset register.*