DEPARTMENT OF HEALTH AND HUMAN SERVICES
TECHNOLOGY/EQUIPMENT CHECKLIST

LIST OF ITEMS/CONDITIONS TO INSPECT

(1) TECHNOLOGY/EQUIPMENT *(Include all that apply)*	(2) REQUIREMENT	(3) OWNERSHIP		(4) PROVIDED BY ORGANIZATIONAL COMPONENT
1. **COMPUTER EQUIPMENT**				
a. LAPTOP		HHS	Personal	
b. DOCKING STATION		HHS	Personal	
c. DESKTOP		HHS	Personal	
d. TABLET		HHS	Personal	
e. SOFTWARE		HHS	Personal	
f. MOBILE DEVICE		HHS	Personal	
g. OTHER *(identify)*		HHS	Personal	
2. **ACCESS**				
a. IPASS/VPN ACCOUNT		HHS	Personal	
b. CITRIX - WEB ACCESS		HHS	Personal	
c. OTHER *(identify)*		HHS	Personal	
3. **REQUIRED ACCESS CAPABILITIES**				
a. SHARED DRIVES *(e.g., H or Q)*		HHS	Personal	
b. EMAIL		HHS	Personal	
c. INTERNET		HHS	Personal	
d. INTRANET		HHS	Personal	
e. OTHER APPLICATIONS *(Identify)*		HHS	Personal	
4. **CONNECTIVITY**				
a. DIAL-IN		HHS	Personal	
b. BROADBAND		HHS	Personal	
c. HOT SPOT		HHS	Personal	
d. OTHER *(identify)*		HHS	Personal	
5. **EQUIPMENT/SUPPLIES**				
a. COPIER		HHS	Personal	
b. SCANNER		HHS	Personal	
c. PRINTER		HHS	Personal	
d. FAX MACHINE		HHS	Personal	
e. DESK AND CHAIR		HHS	Personal	
f. PAPER SUPPLIES		HHS	Personal	
g. PHONE CARD		HHS	Personal	
h. OTHER *(identify)*		HHS	Personal	