



IT EQUIPMENT INSTALLATION
College of Dentistry - Information Technology

Admin Assts. ☎ 4299999 x 95772 Fax ☎ 8011111 x 14010 Mail Code ☎ 1243 E-mail ☎ cod-help@ksau-hs.edu.sa P.O. Box ☎ 22490, Riyadh 11426

CPU	
NAME/TAG:	MANUFACTURER:
SERIAL NUMBER:	FLOOR:
DEPARTMENT:	MODEL:
SOURCE DEPARTMENT:	ROOM NUMBER:

MONITOR	
NAME/TAG:	MANUFACTURER:
SERIAL NUMBER:	FLOOR:
DEPARTMENT:	MODEL:
SOURCE DEPARTMENT:	ROOM NUMBER:

OTHERS (PRINTER, SCANNER)	
NAME/TAG:	MANUFACTURER:
SERIAL NUMBER:	FLOOR:
DEPARTMENT:	MODEL:
SOURCE DEPARTMENT:	ROOM NUMBER:

ASSIGNED TO	
USER NAME:	SIGNATURE:
BADGE:	TITLE:
DEPARTMENT:	DATE:

Signing this document, verifies that you are aware of and will abide by the guideline and instruction in the Administrative Policy and Procedure (APP) 1421-001 NGH A Computer Equipment Users Policy and procedure (Found in the NGH A Intranet "<http://kamc-rd.ngha.med>" under the policy Network). Once this equipment is signed over, you are responsible for both data and equipment, while it remains under your name.

TECHNICIAN	
NAME:	SIGNATURE:
BADGE:	DATE: