

UNIVERSITY OF ELDORET



DIRECTORATE OF ICT MAINTENANCE SIGN-OFF FORM

OFFICE/DIRECTORATE

/DEPARTMENT: _____ DATE OF SERVICE: _____

COMPUTER/LAPTOP

DESCRIPTION

COMPUTER/LAPTOP BRAND/NAME	
MODEL NO.	
UOE TAG NO.	
SERIAL NO.	
HDD	
RAM	
PROCESSOR SPEED	

NETWORK DEVICE

DESCRIPTION

DEVICE TYPE/NAME	
BRAND/MODEL NO.	
UOE TAG.NO	
SERIAL NO.	

MAINTENANCE PROCEDURE

STATUS

DONE. PENDING. NOT APPLICABLE

	DONE.	PENDING.	NOT APPLICABLE
Blowing/Wiping/Cleaning the Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antivirus Updates,Scans and Activation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ERP & other Software installations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domain Name/Workgroup Assignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Back up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Configuration/Commissioning/Integration of Network Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Service sticker Tag.No.: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OFFICE/DIRECTORATE/DEPARTMENT REPRESENTATIVE

NAME: _____ SIGNATURE: _____ DATE: _____

ICT OPERATIONS AND MAINTENANCE

NAME: _____ SIGNATURE: _____ DATE: _____