

COLUMBIA UNIVERSITY
COMPONENT INVENTORY & ASSESSMENT FORM

Section A – General Information

- 1. School _____
- 2. Department _____
- 3. Function Reference _____
- 4. Individual Responsible _____

Section B – Component Collection

- 5. Manufacturer / Vendor _____
- 6. Component Type Software Hardware Custom Developed Apps
 Services Equipment / Device

- 7. Component Name _____
- 8. Model / Version _____
- 9. Quantity _____
- 10. Functional Risk University Risk High Local Low Local

- 11. Type of Risk Health & Safety Support U / HL Function Other

- 13. Supported Functions SF1 _____ SF2 _____ SF3 _____ SF4 _____
 (Reference Number) SF5 _____ SF6 _____ SF7 _____ SF8 _____
- 14. Tag Number _____
- 15. Comments _____

Section C – Component Assessment

- 15. Compliant Model/Version _____
- 16. Vendor Address / Tel. _____
- 17. Vendor's Y2K Contact _____
- 18. Vendor Contact Status Contacted Replied

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Section C – Component Assessment (cont.)

19. Vendor Compliance [] Yes [] No [] Unknown

20. Test Required (if compliant) [] Yes [] No Complete Section 26

21. Renovation Project Required [] Yes [] No

22. Replace/Upgrade Required [] Yes [] No

23. Device Analysis Req. [] Yes [] No

24. Remediation Approach Renovation Replace / Upgrade Retire

25. Estimate External & In-House Costs External Cost [] In-House Resources [] (Staff-Day)

26. Comments

Section D – Remediation Tracking

(One section per component based on remediation required)

27. Remediation Project:

	Target Date	Completion Date
Project Plan Completed	_____	_____
Testing Plan Completed	_____	_____
Renovation Completed	_____	_____
Testing Completed	_____	_____

28. Test Required for an Apparently Compliant Component

	Target Date	Completion Date
Test Plan Completed	_____	_____
Testing Completed	_____	_____

29. Component Compliant	[] Yes	[] No
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