## **Alameda County HMIS**

## **Agency Workstation Checklist Form**

Agency Name: Agency Location: # Workstations at location:		
	tations at this location could be used to access the HMIS system. We rtify that <b>each of these workstations</b> meets the following ents:	
	<b>te:</b> If the agency maintains workstations at more than one location, this report st be completed for <i>each physical location of a workstation</i> .	
	A firewall is installed on the workstation, or the workstation is connected to the agency network which has a firewall installed.	
	The firewall protection is up to date and monitored regularly.	
	Anti-virus Software is installed on the workstation.	
	Anti-virus Software is updated weekly on the workstation.	
Anti-v	virus Software automatically scans files as they are accessed.	
	A password protected screensaver is installed for each user.	
	No log-in or password information is posted or stored at or near the workstation.	

	The workstation supports 128-bit encryption.
	The workstation is not usable by unauthorized individuals if staff is not present.
	The workstation monitor is positioned so data accessed on the workstation is not visible to the public.
Ву:	Date:
Γitle:	
	end copy of this <u>Agency Workstation Checklist Form</u> to the stem Administrator at: <a href="mailto:hmissupport@achmis.org">hmissupport@achmis.org</a> upon on.

Agency Workstation Checklist Form

1 of 1

03/08/23