

**Alameda County HMIS**  
**Agency Surge Suppression Form**

**Agency Name:**

**Agency Location:**

**# Workstations at location:**

The workstations at this location could be used to access the HMIS system. We hereby certify that **each of these workstations and/or servers** meets the following requirement:

**4.3. Security Standards (HUD)**

**4.3.1. System Security**

Disaster Protection and Recovery – Baseline Requirement.

Surge suppressors must be used to protect systems used for collecting and storing all the HMIS data.

**HMIS Procedure:**

A. All network servers, workstations and laptops used to access/collect data for the HMIS system must be connected to a surge suppressor.

B. All computers approved for Remote Access by the System Administrator must be connected to a surge suppressor when accessing the HMIS system.

By:

Date:

Title:

**Please send copy of this Agency Surge Suppression Form to HMIS System Administrator at: [hmissupport@achmis.org](mailto:hmissupport@achmis.org) upon completion.**