Certificate of Destruction

For storage media that was physically destroyed. One certificate per job, with every drive listed by serial on the destruction log (page 2). Fields follow NIST SP 800-88 Rev. 2, Sections 4.5 and 4.6. Write "N/A" rather than leaving a field blank.

CUSTOMER AND JOB

Customer / data owner	*organization the media came from*
Customer contact	*name, phone, email*
Job / reference number	*your work order, pickup or ticket number*
Media received	*date, and from whom (chain-of-custody form number, if any)*

PERSON PERFORMING DESTRUCTION

Name	
Title / position	
Organization	
Location of destruction	*street address*
Where	☐ On site (customer premises) ☐ Off site (our facility)
Phone / email	

MEDIA SUMMARY

Number of drives destroyed	*must match the number of rows on the destruction log*
Media types	☐ Hard drive ☐ SATA SSD ☐ NVMe SSD ☐ USB flash ☐ Tape ☐ Other
Confidentiality category	*optional (pre-sanitization)*
Condition before destruction	☐ Operational ☐ Damaged ☐ Mixed (see log)

DESTRUCTION DETAILS

Sanitization method	☐ Destroy
Technique	☐ Shred ☐ Disintegrate ☐ Pulverize ☐ Melt ☐ Incinerate ☐ Other
Equipment used	*make, model and serial or ID of the shredder, disintegrator or furnace*
Output size	*largest particle the equipment produces, and what your policy requires*
Done before destruction	*e.g. wiped or degaussed first (record it on the log), or nothing*
Verification	*remnants inspected by whom, and what they found*
Validation	*who accepted the result as sufficient, and how*
Started / completed	*date and time*
Notes	*exceptions, drives that could not be read, anything unusual*

REMNANTS

Remnants sent to	☐ Recycling facility ☐ Smelter ☐ Other
Details	*recycler name, location and shipment or weight ticket number*

I attest that every drive listed on the attached destruction log was destroyed as described on this certificate, and that the information is accurate to the best of my knowledge.

SIGNATURE: PERSON PERFORMING DESTRUCTION

Signature	
Date	

WITNESS: SECOND PERSON WHO WATCHED THE DESTRUCTION OR INSPECTED THE REMNANTS

Name	
Title / organization	
Phone / email	
Signature	
Date	

Fields: NIST SP 800-88 Rev. 2, Guidelines for Media Sanitization (September 2025), Section 3.1.3 (Destroy), Section 4.5 (verification and validation), Section 4.6 and Appendix C.

Free template from reCore (recore.replugit.com).

Destruction log

One row per drive, every drive on the job. Copy the serial from the drive itself before it is destroyed, not from the computer it came out of. Attach this log to the certificate.

#	Drive serial	Make / model	Media type	Asset tag	Source (host serial)	Technique	Equipment	Date / time	Done by	Witness
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
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17										
18										
19										
20										
21										
22										
23										
24										

Job / reference number: _____ Page ____ of ____

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