

Department Name:  
Device Location:  
Device Serial Number:  
Device ID/Model #:

<i>Indicate that each area was reviewed with a Y or N</i>							
Name (Signature)	Date	Serial Number match?	Model number match?	Tamper Evident Stickers intact?	Foreign Object Attached to device?	Pry Marks or Bent, Broken, or Stressed Seams?	Anything unusual?
<i>Example (Big Blue)</i>	<i>(1/01/9999)</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>N</i>