

**Serial Number:**

**IP Address** (if applicable):

**Model Number:**

**Subnet** (if applicable):

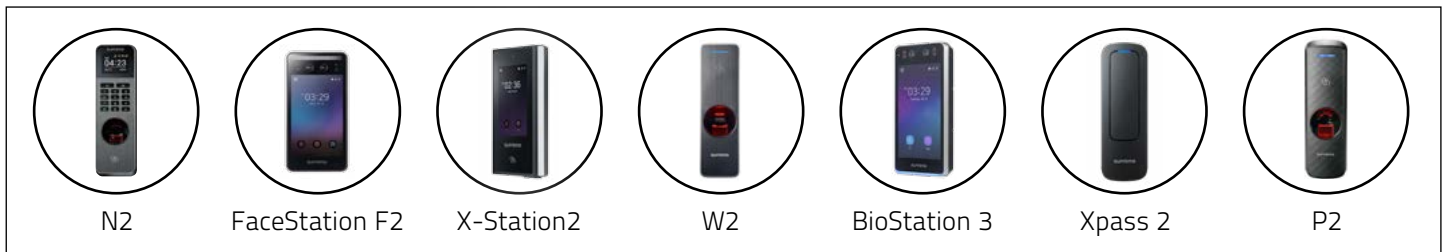
**MAC Address:**

**Gateway** (if applicable):

Customer:

Customer order number:

Tested by:



Other Device:

Test date:

Ensure the device powers up (mains and POE where applicable) . . . . .

Ensure the device is able to communicate on the network via DHCP . . . . .

If the device has a screen, update the resource file to change the wording . . . . .

Update the theme if the customer has a custom theme . . . . .

Make sure the IP Address, Subnet, Gateway, MAC Address & Serial Number are completed on this form. . . . .