

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.