**Monthly Physical Inspection Checklist**

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| --- | --- |
| Functional Area: |  |
| Date of Inspection: |  |
| Staff Member Performing Inspection(s): |  |

Complete a copy of this checklist, on a monthly basis, to evaluate your terminals and terminal environment. (This form assumes there are five terminals deployed, T1–T5.)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **With reference to the relevant Terminal** | | ID# | | ID# | | **ID#** | | **ID#** | |
| **Characteristics Form, for each terminal:** | | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| Is the terminal in its usual location? | |  |  |  |  |  |  |  |  |
| Is the manufacturer’s name correct? | |  |  |  |  |  |  |  |  |
| Is the model number correct? | |  |  |  |  |  |  |  |  |
| Is the serial number printed on the label correct? | |  |  |  |  |  |  |  |  |
| Is the serial number displayed on screen correct? | |  |  |  |  |  |  |  |  |
| Are the color and general condition of the terminal as described, with no additional marks or scratches (especially around the seams)? | |  |  |  |  |  |  |  |  |
| Are the manufacturer’s security seals and labels present, with no signs of peeling or tampering? | |  |  |  |  |  |  |  |  |
| Are the manufacturer’s security markings and reference numbers as described? | |  |  |  |  |  |  |  |  |
| Are all connections to the terminal as described, using the same type and color of cables, and with no loose wires or broken connectors? | |  |  |  |  |  |  |  |  |
| Count the number of connections to the terminal. Does this agree with the number stated? | |  |  |  |  |  |  |  |  |
| Are all display stands, charity boxes, or other merchandising within the vicinity of this terminal as described, with no additional boxes or display materials near to the terminal? | |  |  |  |  |  |  |  |  |
| Is the condition of the ceiling above the terminal the same as described, with no additional marks, fingerprints, or holes? | |  |  |  |  |  |  |  |  |
| Is the total number of terminals in use the same as the number of terminals officially installed? | Yes \_\_\_\_\_ No \_\_\_\_\_ | | | | | | | | |

This Monthly Physical Inspection Checklist was completed by:

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Sign name please Date