

ActivPanel Installation Sign Off

Survey Date:		<i>dd/mm/yyyy</i>	
Site Name:			
Contact Name:			
Contact Tel:			
Contact Email:			
Room Reference	Product Type / Size	Quantity	Serial Number
Red room	ActivPanel 70	1	123456788
Gold room	ActivPanel 65	1	123456789
Green room	ActivPanel 86	1	123456781

Operator Instruction - Functionality Checklist:	Y	N	if not, please state reason
Has the End User been advised on how to connect the ActivPanel system to their PC with the supplied cables?			
Has the End User been advised of the ActivPanel system start up procedures?			
Has the End User been advised on the features, functions and settings of the ActivPanel?			
Has the End User been advised/demonstrated on the ActivPanel pen set up?			

Is the End User aware of the product software and its basic features and functions?			
Has the End User been advised of where to find supporting information and user help articles?			
Has the End User been advised on how to use the computing module?			
Has the End User been advised on the product warranty?			
Has the End User been advised on how to register the warranty?			

Items left with Customer	Y	N
Technical Publications / User Guides		
USB cable		
HDMI cable		
Remote control		
ActivPanel pens		
Additional items left but not listed		
DECLARATION		
I declare the Installer/s has/have carried out and have shown me all the tasks on the check list to my complete satisfaction and approve any comments stated.		

I have checked all the supplied and installed equipment stated above and I declare that it is working order with no defects.

Customer Signature:	Print Customer name:	Date:
Installer Signature:	Print Installer name:	Date:
Comments:		