

Waiting Room Network[®] Installation Checklist

Complete checklist and fax to 513-842-3574 or 513-842-3501

Please send a copy of this to your employer also

Work orders will not be approved nor will cross charges be paid without this completed document.

Location Information

Location Name: _____

Location ID: _____

SRO: _____

Date: ____/____/____

Fax Number: (____) ____-____

Dial in Number: (____) ____-____

Dedicated Line(for HAN System): Yes No

Location has Internet Access: Yes No

Internet Connection Type:

Cable DSL T1 Modem LAN Not Sure
Other

ISP Name: _____

IP Address Type: Static Dynamic Not Sure

Internet Connection Shared: Yes No Not Sure

Phone System Type: Analog Digital VOIP

Phone Manufacturer: _____

Fax Model: _____

Fax Manufacturer: _____

Image Version: _____

Incoming Connections Disabled: Yes No

Monitor Locked: Yes No

Hardware Installed

CPU: Yes No

CPU Enclosure: Yes No

Number of Monitors Installed: 1 2 3

Video Splitter: AutoView LongView Emerge
MinCom(CAT5)

Brochure Display: Rack Plaque

Number of Racks/Plaques Installed: 1 2 3

Stealth: Yes No

Stealth Bracket: Yes No

Phone Line: Yes No

Panduit (at monitor and fax): Yes No

DSL Filters (HAN Provided) : Yes No

DSL Filters (ISP Provided): Yes No

Monitor Bezel: Yes No

DSL Filters (ISP Provided): Yes No

Hardware Information – Required for all HAN Hardware

CPU Model Number: _____

CPU Serial Number: _____

Old CPU Model Number: _____

Old CPU Serial Number: _____

Monitor 1 Model Number: _____

Monitor 1 Serial Number: _____

Old Monitor 1 Model Number: _____

Old Monitor 1 Serial Number: _____

Monitor 2 Model Number: _____

Monitor 2 Serial Number: _____

Old Monitor 2 Model Number: _____

Old Monitor 2 Serial Number: _____

Monitor 3 Model Number: _____

Monitor 3 Serial Number: _____

Old Monitor 3 Model Number: _____

Old Monitor 3 Serial Number: _____

Prior to departure

- All hardware was received. Refer to packing list on box.
- Configured computer and operating system based on instructions.
- Placed stickers on appropriate equipment
- Attached brochure rack or plaque to wall. **This is an FDA requirement.**
Office contact initials: _____
- Confirmed that the office fax machine can send and receive faxes before disconnecting.
Office contact initials: _____
- Confirmed office fax machine can send and receive faxes after installation of the "call processor".
Office contact initials: _____
- Confirmed other devices sharing the fax line (credit card readers, computers, DSL lines) work correctly.
Office contact initials: _____

Installation Comments

Engineer Name: _____

Contracting Company: _____

Office Contact Signature: _____

Office Phone Number: (____) ____ - _____