

Waiting Room Network[®] Service Checklist

Complete checklist and fax to 513-842-3574 or 513-842-3558

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 Name	Location ID
SRO	Date

- All hardware was received. Refer to packing list on box.
- Confirmed that the office fax machine can send and receive faxes before disconnecting. Office contact initials: _____
- Mounted computer case and monitor to wall.
- Mounted panduit to the wall; at monitor and fax machine.
- Installed computer inside the computer case on wall.
- Ran phone line from computer modem to office fax machine.
- Installed Phone Line sharing device (the Stealth).
- Configured computer and operating system based on instructions.
- Confirmed Earthlink connectivity with the computer.
- 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: _____

- Confirmed that the computer sound works as well as date, time and time zone are correct. ***This is critical!***
- Attached brochure rack with brochures to wall. ***This is critical! It is a FDA requirement.***

Office contact initials: _____

- Placed stickers on appropriate equipment (Healthy Advice name on rack rails).

Description	Make	Model	Serial Number
CPU			
Monitor			
2nd Monitor (If applicable)			
IBM Diagnostic Test Results (If applicable)			

YOU MUST INCLUDE SYSTEM SERIAL NUMBERS WITH THIS CHECKLIST!

Service Comments

Engineer Name	Contracting Company Name
Office Contact Signature	Office Phone Number