This document is to be used by departments that use terminals or similar devices to process in-person/card present payments or card not present/manual entry transactions. Document should be retained and available for submission annually or upon request.

Department Name: ____________________

Merchant ID # ____________________

Device Location: ____________________

Device ID/Model #: ____________________

	Indicate that each area was reviewed with a Y or N							
Name	Date	Serial number match?	Model number match?	Tamper evident stickers intact?	Foreign object attached to device?	Pry marks, bent, broken, or stressed seams?	Unusual, damaged or missing wire connections?	Anything unusual?
Tommy Torero	*6/30/2016*	*Y*	*Y*	*Y*	*N*	*N*	*N*	*N*