

Serial Number:

Model Number:

MAC Address:

IP Address (if applicable):

Subnet (if applicable):

Gateway (if applicable):

Customer:

Customer order number:

Tested by:



N2



FaceStation F2



X-Station2



W2



BioStation 3



Xpass 2



P2

Other Device:

Test date:

Ensure the device powers up (mains and POE where applicable)

Ensure the device is able to communicate on the network via DHCP

If the device has a screen, update the resource file to change the wording

Update the theme if the customer has a custom theme

Make sure the IP Address, Subnet, Gateway, MAC Address & Serial Number are completed on this form



Certificate No:
491342025

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