## **Health Checklist**



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Client Name	
Contact Name	
CTI Service Ticket #	
CTI Service Agreement #	
Date	

## List any concerns or issues the customer has been experiencing with the room:

[list concerns here]

Room Number	Checklist	Date Completed
[room number]	Test HDMI/USB ports on displays	
	Make sure displays are clean/microfiber wipe	
	Test wall plate connections	
	Clean projector filters/check lamp life	
	Clean any loose/hanging cables	
	Check internet connection	
	Check time on devices; ensure times are synced	
	Check wireless keyboard/mouse, make sure in	
	line of sight to dongles	
	Test system audio	
	Check devices for firmware updates	
	Locate remotes	
	Video system testing	
	Check rack	
Notes: [write notes here]		

**Technician Sign Off:** 

**Customer Sign Off:** 

Additional Notes, Comments, Concerns:

[write notes here]