Credit Card Equipment Inventory Audit Check List

Complete one form for each Merchant ID Number.

DEPARTMENT NAME:		
MERCHANT ID NO.#		
Form Completed by:		
Device #1 Location Building:	**Room No:**	
Device #1 Serial #:	**Model #:**	
Device #2 Location Building:	**Room No:**	
Device #2 Serial #:	**Model #:**	
Device #3 Location Building:	**Room No:**	
Device #3 Serial #:	**Model #:**	

	Indicate that each area was reviewed with a Y or N					
Name	Date	Serial Number match?	Model number match?	Foreign Object Attached to device?	Anything Unusual?	Comments
Employee Name	*6/22/2021*	*Y*	*Y*	*N*	*N*	