

Campus: _____

Room #: _____

Item	Working/Complete		Notes
	Yes	No – Ticket #	
Systems Cleaned	<input type="checkbox"/>		
Correct PC Name and Computer Use Flags	<input type="checkbox"/>		
Monitor/Mouse Keyboard Working	<input type="checkbox"/>		
Systems Reimaged	<input type="checkbox"/>		
Soundbar/External Speakers Working	<input type="checkbox"/>		
IWB/Pens Installed and Working	<input type="checkbox"/>		
Projector Filter Cleaned	<input type="checkbox"/>		
Projector Working Clean, Clear, Bright	<input type="checkbox"/>		
Projector Focused, Fills Board	<input type="checkbox"/>		
IWB Calibrated	<input type="checkbox"/>		

Room Complete: YES NO

Technician: _____

Date: _____

Notes:
