



Terminal Installation & Key Compliance Sheet



Type:

New Install Key Reinjection

Equipment Swap Conversion

Install/Service
Date _____

Part 1. ATM INFORMATION

Terminal ID #:	ATM Make & Model:	# Of Cassettes:
Location Name:		
Address:		
City:	State:	Zip:
Location Contact:	Phone:	Site Hours:
ATM Serial #:	Camera On Site: Yes No	If Yes, Camera Disabled: Yes No
Key Type: Double Triple	Type of Install: Walk-Up TTW Lobby Drive-Up	

Part 2. KEY MANAGEMENT

Key 1		
<input type="checkbox"/> Received	Key Custodian (Print Name)	Signature
<input type="checkbox"/> Installed		
<input type="checkbox"/> Destroyed	Method of Destruction: Cross Shredding <input type="checkbox"/> Burning <input type="checkbox"/>	Witness Signature:

Key 2		
<input type="checkbox"/> Received	Key Custodian (Print Name)	Signature
<input type="checkbox"/> Installed		
<input type="checkbox"/> Destroyed	Method of Destruction: Cross Shredding <input type="checkbox"/> Burning <input type="checkbox"/>	Witness Signature: