Miami-Dade County Public Schools
IWB Installation Checklist

Company name: _____

School Name: _____

Location Code: _____

Room No.: _____

Installation Date: _____

Walk through completed by: _____

Principal or designee (Print):

_____

Principal or designee's Signature:

_____

(Signature represents acceptance of installation)

Signature Date: _____

Installation Checklist

- ☐ ActivPanel was installed in area designated by principal or designee.
- ☐ ActivPanel Firmware version: _____
- ☐ ActivPanel Serial No: _____
- ☐ Device Name: _____
- ☐ OPS Serial No.: _____
- ☐ System was installed in good working condition
- ☐ All cables were properly installed in a neat and professional manner using raceway whenever exposed cables are longer than 12".
- ☐ The installer demonstrated that all installed systems were in good working order, using both touch and pen.
- ☐ All packaging materials were removed from the site upon completion of the installation.

Checklist of included items

- ☐ Following items accounted for and sealed in zip lock bag with room number written on it.

  4 - ActivPens
  1 - Remote control
  1 - Instruction manual
  1 – Panels Antennas
  1 – Eraser

List missing items:

_____
_____
_____
_____

Type of installation

- ☐ **Wall install**
- ☐ **Standalone Install**