

ACCEPTANCE TESTING FORMS

Sample Acceptance Readiness Notification

[Letterhead]

Date

County Personnel

RE: System Acceptance Readiness Notification

Dear County:

This letter provides formal notification that the [FILL IN TYPE OF SYSTEMS] systems located at [FILL IN PROPOSER NAME] are ready to commence system Acceptance Testing. [FILL IN PROPOSER NAME] stands ready to assist in this process to ensure it proceeds with dispatch.

Sincerely,

[FILL IN NAME]
[FILL IN TITLE]
[FILL IN PROPOSER NAME]
[FILL IN ADDRESS]
[FILL IN CITY, STATE, ZIP]

ACCEPTANCE TESTING FORMS

Equipment Acceptance Testing Confirmation Sheets

1. Inventory

a. Itemized physical inventory created

Proposer Signature

Date

2. Programming And Configuration

b. Programming and configuration sheets

Proposer Signature

Date

3. Cut Sheet

c. Cut sheet provided

Proposer Signature

Date

4. Station Testing

d. Jack locations provided

Proposer Signature

Date

e. Extension numbers provided

Proposer Signature

Date

f. DID number assignments provided

Proposer Signature

Date

g. Room numbers provided

Proposer Signature

Date

h. Station types provided

Proposer Signature

Date

5. Station Test

i. Dial tone tested

Proposer Signature

Date

j. Place and receive calls tested

Proposer Signature

Date

k. Phone label provided

Proposer Signature

Date

l. Extension number verified

Proposer Signature

Date

m. Station features verified

Proposer Signature

Date

6. Wiring labeled

n. Phone wires labeled at both ends

Proposer Signature

Date

7. Voicemail

o. Voicemail testing complete

Proposer Signature

Date

8. Service Utilization Test

p. Digital trunk verification

Proposer Signature

Date

ACCEPTANCE TESTING FORMS

Sample Equipment Acceptance Notification

[Letterhead]

Date

Equipment Proposer name
Account representative
Proposer address
Proposer city, state zip

RE: System Acceptance Notification

Dear Proposer:

This letter formally acknowledges the County's final acceptance of the following equipment at site _____.

Proposer _____ has successfully completed all of the acceptance documentation and completed the necessary tests.

Please commence the warranty period as of MM/DD/YY.

The following funds \$ _____ will be released for final payment according the contract _____.

Sincerely,

Authorizing County Personnel
Title

cc: