OldDominionUNIVERSITY

This document is to be used by departments that use terminals or similar devices to process in-person payments per PCI DSS Requirement 9.9.

Department Name:	
Device Location:	
Device Serial Number:	
Device ID/Model #:	

		Indicate that each area was reviewed with a Y or N					
Name (Signature)	**Date**	**Serial Number match?**	**Model number match?**	**Tamper Evident Stickers intact?**	**Foreign Object Attached to device?**	**Pry Marks or Bent, Broken, or Stressed Seams?**	**Anything unusual?**
Example (Big Blue)	*(1/01/9999)*	*Y*	*Y*	*Y*	*N*	*N*	*N*