



PLACED IN SERVICE REPORT

INSTALLATION LOCATION INFORMATION		
FIRM NAME		DATE
MAILING ADDRESS		PHONE NUMBER (INCLUDE AREA CODE)
CITY	STATE	ZIP
DEVICE LOCATION		PHONE NUMBER (INCLUDE AREA CODE)
CITY	STATE	ZIP

DEVICE INFORMATION					
NEW OR USED?	DEVICE TYPE	DEVICE MANUFACTURER	NTEP CC (CERTIFICATE OF CONFORMANCE)	NUMBER DEVICES INSTALLED	DEVICE CAPACITY
<input type="checkbox"/> New <input type="checkbox"/> Used					
<input type="checkbox"/> New <input type="checkbox"/> Used					
<input type="checkbox"/> New <input type="checkbox"/> Used					
<input type="checkbox"/> New <input type="checkbox"/> Used					
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<input type="checkbox"/> New <input type="checkbox"/> Used					

Device(s) comply with the specifications and tolerances set forth in the National Institute of Standards and Technology, Handbook 44, current edition. NOTE: The devices are installed within applicable tolerances and not predominately in favor of the device user.

INSTALLER INFORMATION		
INSTALLED BY (COMPANY NAME)		DATE
SERVICE PERSON	SERVICE PERSON REGISTRATION #	SERVICE AGENT I.D. NUMBER
ADDRESS		PHONE NUMBER (INCLUDE AREA CODE)
CITY	STATE	ZIP