

Precinct/Polling Location Based Optical Scanner Handwritten Maintenance Logs

Date: _____

Process: _____

Precinct/Backup: _____	#	TC	Row:	Pos.:
Description of Issue: _____				
<input type="checkbox"/> Swapped (# _____ TC _____ Backup # _____) <input type="checkbox"/> Logged				

Precinct/Backup: _____	#	TC	Row:	Pos.:
Description of Issue: _____				
<input type="checkbox"/> Swapped (# _____ TC _____ Backup # _____) <input type="checkbox"/> Logged				

Precinct/Backup: _____	#	TC	Row:	Pos.:
Description of Issue: _____				
<input type="checkbox"/> Swapped (# _____ TC _____ Backup # _____) <input type="checkbox"/> Logged				

Precinct/Backup: _____	#	TC	Row:	Pos.:
Description of Issue: _____				
<input type="checkbox"/> Swapped (# _____ TC _____ Backup # _____) <input type="checkbox"/> Logged				

Precinct/Backup: _____	#	TC	Row:	Pos.:
Description of Issue: _____				
<input type="checkbox"/> Swapped (# _____ TC _____ Backup # _____) <input type="checkbox"/> Logged				

Precinct/Backup: _____	#	TC	Row:	Pos.:
Description of Issue: _____				
<input type="checkbox"/> Swapped (# _____ TC _____ Backup # _____) <input type="checkbox"/> Logged				

ADA Voting Unit Handwritten Maintenance Logs

Date: _____

Process: _____

Location/Backup:	#	Row:	Pos.:
Description of Issue: _____			
<input type="checkbox"/> Swapped (# AM) <input type="checkbox"/> Logged			

Location/Backup:	#	Row:	Pos.:
Description of Issue: _____			
<input type="checkbox"/> Swapped (# AM) <input type="checkbox"/> Logged			

Location/Backup:	#	Row:	Pos.:
Description of Issue: _____			
<input type="checkbox"/> Swapped (# AM) <input type="checkbox"/> Logged			

Location/Backup:	#	Row:	Pos.:
Description of Issue: _____			
<input type="checkbox"/> Swapped (# AM) <input type="checkbox"/> Logged			

Location/Backup:	#	Row:	Pos.:
Description of Issue: _____			
<input type="checkbox"/> Swapped (# AM) <input type="checkbox"/> Logged			

Location/Backup:	#	Row:	Pos.:
Description of Issue: _____			
<input type="checkbox"/> Swapped (# AM) <input type="checkbox"/> Logged			

High Speed Optical Scanner Handwritten Maintenance Logs

Date: _____

Process: _____

Serial Number:	Machine Number:	Zone:
Description of Issue: _____		

_____ <input type="checkbox"/> Logged		

Serial Number:	Machine Number:	Zone:
Description of Issue: _____		

_____ <input type="checkbox"/> Logged		

Serial Number:	Machine Number:	Zone:
Description of Issue: _____		

_____ <input type="checkbox"/> Logged		

Serial Number:	Machine Number:	Zone:
Description of Issue: _____		

_____ <input type="checkbox"/> Logged		

Serial Number:	Machine Number:	Zone:
Description of Issue: _____		

_____ <input type="checkbox"/> Logged		

Serial Number:	Machine Number:	Zone:
Description of Issue: _____		

_____ <input type="checkbox"/> Logged		

MAINTENANCE REPAIR FORM

(Please keep this form with the machine for which it is designated. Thank you.)

To be completed by Technician:

Technician Name: _____ Date Reviewed: _____

Machine Type/Serial Number (check one):

- Precinct/Polling Location Based Optical Scanner (# _____)
- ADA Voting Unit (# _____)
- High Speed Optical Scanner (# _____)

Issue Found by Technician: _____

Resolution for Issue: _____

Please attach the maintenance request card to the area below.