Project:			
Controller No.:		**Serves:**	
Location:		**Address:**	
Mfg.:			

						Panel Device						Field Device						Input Check	DO Check	Analog Input Check			Analog Output Check					
Point ID	Software Name	Software Description	I/O Terminations Completed (Y/N)	Wire Label Installed (Y/N)	Ground Wire Terminated/Drained (Y/N)	Description	Manufacturer	Model No.	Device Installed & Terminated (Y/N)	Device Labeled (Y/N)	Output Range (if applicable)	Device Description	Device Manufacturer	Model No.	Span	Control Signal	Device Labeled (Y/N)	Software Input Responds to Physical Change (Y/N)	Output Device Responds (Y/N)	Measured Reading W/ Handheld	Control System Display Reading	Calibration Offset	0% Command Device @ Correct Pos. (Y/N)	50% Command Device @ Correct Pos. (Y/N)	100% Command Device @ Correct Pos. (Y/N)	Technician Initials	Date	Corrections, Modification & Notes

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