

DEVICES & EQUIPMENT CHECK IN FORM
CUSTOMER DETAIL (PRIMARY / AUTHORIZED PERSONNEL)

Name:		Contact No:	
IC/Passport No:		Date:	Time:

REQUEST DETAIL

Hostname:		IP:	
Rack:			

EXABYTES TECH IN-CHARGE

Tech Name:		Date:	
(AIMS) Visit ID:		Time:	

DEVICE/EQUIPMENT DETAIL

No	Device Name / Model	Serial Number	Remarks	Verification (For Exabytes Engineer)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

ACKNOWLEDGEMENT

By signing this form, you confirm that you understand agreed the information in this form are valid.

 Client Signature (Primary / Authorized Personnel)
 Name:

Date:

Time:

 Exabytes Tech in-Charge Signature
 Name:
 Case ID:

Date:

Time:

