PIN Pad Inspection Log

INSTRUCTIONS:

*Please **print** in BLOCK LETTERS (except initials/signature column)*

- to be filled out weekly and submitted to pcicoordinator@queensu.ca quarterly as per the PIN Pad Security Training and Procedures

*- if you answered "**No**" in columns labeled **A**, **B**, and/or **E**, contact the PCI Coordinator immediately as per the PIN Pad Security Training and Procedures*

*- if you answered **"Yes"** in columns labeled **C** and/or **D**, contact the PCI Coordinator immediately as per the PIN Pad Security Training and Procedures*

								A		B	C	D	E
Date (YY-MMM-DD)	Employee Name	Employee Initials/ Signature	Merchant Account #	Building	Room #	Model #	Base/Terminal Serial Number (if applicable - if not applicable N/A))	Base/Terminal Serial Number Confirmed (Yes/No)	PIN Pad Serial Number	PIN Pad Serial Number Confirmed (Yes/No)	Evidence of PIN Pad Tampering (Yes/No)	Evidence of Cable Substitution (Yes/No)	Physical Security Intact (Yes/No)