EQUIPMENT
TESTING CHECKLIST
version 3.1

PLEASE SUBMIT ALL DATA VIA EMAIL TO THE OTN DATA CENTRE: otndc@Dal.Ca

TEST_DATE _____ TEST_LOCATION _____

PERSON_IN_CHARGE _____ TELEPHONE _____ EMAIL _____

EQUIPMENT_TYPE	MANUFACTURER	MODEL_NUMBER	SERIAL_NUMBER	BATTERY_CHECK	IN_AIR_FUNCTION_TEST	IN_WATER_FUNCTION_TEST	DISINFECTION	TESTING_COMMENTS