

DCRS FINAL INSTALLATION FORM

Business Name _____

Address _____ CITY _____ ST _____ ZIP _____

Bus # _____ Key Contact(s) _____

Salesperson _____ Installer _____ Software Version _____

Reviewed at PLANNING MEETING: User's expectation of System; Sales Order line items; Riser Diagram; Dedicated Payment Application Server (if applicable) has NO other software loaded, Installed in secure location, Isolated Network, Not Used for Email or Internet Search; Extended Support Plan Offer (accepted, or understood if not); **PCI QIR Implementation Statement (effective 3/31/16); Customer Information** covering Site Prep, Warranty, Support Plans, Training, Supplies needed, Electronic Documentation (Not paper), HW Placement/ Care, Network Cabling, Cable/DSL/Phone Lines for Routers & Modems; Dedicated Analog Phone Line & Serial Modem can back-up some Payment Applications. **Once Installed, User's System Management Responsibilities include, but are not limited to:** Future updates to Antivirus software and Sonicwall (or other firewall device); Security for Payment Systems & Wireless connectivity; Meeting Payment Card Industry (PCI) Payment Application Data Security Standard (PA-DSS) and all Merchant Agreement responsibilities with Credit Processor; Accuracy of Database & Tax Programming; IRS Tax & Withholding responsibilities of Auto Gratuity Programming. See **Customer Support User's Guide** for details.

FINAL INSTALLATION REVIEW: YES or N/A

- _____ All previously reviewed items (**noted above**) have been **re-reviewed and are fully understood**.
- _____ All Hardware listed on **Delivery Form** is installed and functioning correctly.
- _____ All Software listed on **Delivery Form** is installed, fully configured to our satisfaction, and functioning properly.
- _____ All Interfaces listed on **Delivery Form** are functioning correctly and personnel have been trained on those interfaces.
- _____ All non-DCRS HW & SW provided by the End-User is installed, functioning correctly, and is not covered by DCRS support.
- _____ Remote Support Access has been tested and is working.
- _____ Backup Hard Drive (if applicable) has been tested and is working.
- _____ All End-User Training, as scheduled for this installation, has been completed to our satisfaction, and included:

_____ Business Date	_____ Perform Windows Update
_____ Paper/Ribbon change	_____ Employee File maintenance
_____ Item/Price File maintenance	_____ Tax File maintenance
_____ POS Data Backup	_____ Power Loss recovery
_____ Redundancy/Backup Server Mode	_____ Manual Settling of CC Batches
_____ Automatic Settling of Credit Card Batches	_____ Virus Definitions
_____ Reports & Report Balancing (Shift, End of Day)	_____ Sales & Labor Totals Retention (# of days below)
_____ LiveMgr (email if app) _____	_____ Reports Detail _____ Labor Detail _____
	_____ Historical Totals _____
- _____ Custom Report and/or Scripts explained: _____
- _____ Custom item: _____

Payment Application SECURITY REVIEW: YES, NO, or N/A

- | | |
|---|--|
| _____ Properly-configured Firewall | _____ Credit Card # and Expiration Date masking |
| _____ Operating System Login Passwords changed from default | _____ Vendor-supplied passwords changed from default |
| _____ Anti-virus software installed and up-to-date, and plan in place to keep Anti-virus software updated | _____ Complex password settings are in compliance with PCI PA-DSS requirements |
| _____ Each person has a unique user ID | _____ Server in secure location with restricted access |
| _____ Security Log is recording changes and is being properly archived | _____ User responsible for Encryption Key rotation |
| _____ Wireless Access Points (if applicable) use complex passwords & changed from defaults | _____ Credit Card DEMO MODE turned off (if applicable) |
| | _____ QIR Implementation Statement accepted (3/31/16) |

SALES TAX HAS BEEN PROGRAMMED CORRECTLY AS NOTED ON DCRS TAX CONFIRMATION FORM.

CUSTOMER ACCEPTANCE AND CONFIRMATION OF INSTALLATION SATISFACTION

Exceptions or Notes: _____

_____ Date _____ Printed Name _____ Customer Signature _____

Site Contact Email Address: _____

ORIGINAL (top) to DCRS SECOND COPY to CUSTOMER FOLLOW-UP DATE by INSTALLER _____