



PUSAT SEBARAN MAKLUMAT NASIONAL (NADI)



PRINTER/COPIER INSPECTION FORM

SITE NAME : _____ DATE : _____
PHASE : _____ TECHNOLOGY : _____
STATE : _____ VENDOR : _____

Please noted (OK) if everything is in good condition
Please comment if not satisfied or not in good condition

A.) CHECKLIST

No	Item	Status/Remarks
1	Type	
2	Brand/Model	
3	Condition	
4	Status Toner Cartridge	

B.) PHOTO OF EQUIPMENT

REMARKS / COMMENT:

VENDOR VERIFICATION

NAME : _____
COMPANY : _____
CONTACT NO : _____
SIGN & STAMP :

NADI VERIFICATION

NAME : _____
DESIGNATION : _____
CONTACT NO : _____
DATE : _____
SIGN & STAMP :