University of Cincinnati
Department of Public Safety / Technical Services
Access Control Panel Acceptance Form

VAR

VAR Technician_____

Building_____

Project #/name_____

Panel Location_____ Panel # _____ of _____ Panels

Enclosure Model / Power Supply _____

Lenel Sys Controller(s)_____ I/O _____ D/O_____

Host Y / N UP_____ Down _____

Controller IP _____ Jack #_____ Obtained from _____

UC Technician

(Inspection cannot be completed unless As-Built drawings have been submitted. Inspection will be within 10 business days after receipt)

As-Built drawings submitted?	Y	N	_____
As-Built drawings complete? (locations, paths, wire #'s)	Y	N	_____
Approved enclosure?	Y	N	_____
Enclosure properly installed?	Y	N	_____
Enclosure below 8' to top?	Y	N	_____
Reader reprogrammed?	Y	N	_____
Enclosure labeled with number & UCPS sticker?	Y	N	_____
Wiring is Color coded banana peel?	Y	N	_____
Wires properly concealed?	Y	N	_____
Wires neatly routed through panel?	Y	N	_____
Cables labeled on both ends?	Y	N	_____
Penetrations sealed?	Y	N	_____
Power Supply labeled?	Y	N	_____
Power Supply on generator circuit?	Y	N	_____
Power Supply Circuit labeled?	Y	N	_____
Batteries installed and labeled? (record date)	Y	N	_____

UC & VAR

(After controller installation is inspected and approved. VAR can schedule time with UC technician to program the panel into access system)

Controller Number/Name: _____

UC standard applied_____ Areas defined_____ Schedules defined_____

Notes:_____

_____

Approved: Y N

UC Technician date: _____ VAR date: _____

Name:_____ Name:_____

Sign:_____ Sign:_____