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

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 __________________________ Obtained from: _____________________________

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

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      __________________

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      __________________

Wiring protected (cable connectors / bushings) 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      __________________

(After Controller installation is inspected and approved, VAR can schedule a time with UC technicians to program the Panel into the 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:________________________________