External End-Point Certification

Onsite Contact Information

Site Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Date of Scheduled Event: _____
Time of Scheduled Event: _____

Technical Contact Information

Name: _____
Phone Number: _____
Availability During Event?: ___ YES ___ NO

Onsite Contact for Day of Event

Name: _____
Contact Cell Number: _____
E-Mail Address: _____
Room Number: _____
Phone in Room: _____
Time Zone: _____

Type of Equipment/ Codec Information

Equipment Manufacturer: _____
Equipment Model: _____
ISDN Number or IP: _____
Call Permissions: _____
Maximum Bandwidth: _____
How Call are Routed: _____
Bridge Manufacturer & Model: _____
Does Device Accept Restricted Calls: ___ YES ___ NO

Testing of Compatibility (to be complete 2 week in advance of event)

Date of Test: _____
Test Conference Performed: ___ YES ___ NO
Quality: _____
Remarks: _____
_____
_____

Assurance Testing

Date of Test: _____
Test Conference Performed: ___ YES ___ NO
Quality: _____
Remarks: _____
_____
_____
_____