

NSU Monthly Inspection Checklist for Credit Card Terminals

This form should be filled out by an employee who handles payments for the terminal.

The terminal should be inspected monthly and records maintained for internal and external auditors. Email completed form to PCI@nova.edu by the 15th of each month.

| <u>TERMINAL DESCRIPTION</u> | <u>TERMINAL 1</u> |
|---|-------------------|
| 1. Serial number | 1. _____ |
| 2. Make & model | 2. _____ |
| 3. Location of terminal | 3. _____ |
| 4. Color, condition & markings | 4. _____ |
| 5. Cords – Color, number, & condition | 5. _____ |
| 6. Number of connections or ports | 6. _____ |
| 7. Number of people who interacted with terminal | 7. _____ |
| 8. Describe device(s) attached or near the terminal | 8. _____ |
| 9. Number of Cameras in area | 9. _____ |

| | Yes | No |
|---|-----|----|
| Is the serial number correct on the label and the screen? | | |
| Is the terminal manufacturer’s Make and Model correct? | | |
| Is the terminal in its usual location? | | |
| Are the color, size, and general condition of the terminal as described, with no additional marks or scratches (especially around the seams)? | | |
| Are the cords/cables to the terminal as described using the same type and color of cables and with no loose wires or broken connectors? | | |
| Count the number of connections or ports to the terminal. Does this agree with the number stated? | | |
| Did the terminal have to be moved at any time this month? | | |
| Are all devices near or attached to the terminal as described and no new devices such as a skimmer. | | |
| Do you close the terminal daily? | | |
| Are the total number of terminals in use the same as the number of terminals originally installed? | | |
| Has any department personnel or third party requested access to troubleshoot the terminal? | | |

Attention: If anything is unusual about your machine, stop using immediately and contact Ava Davis at X25298 or Nancy Condemni at X25294. You can also send any inquiries to PCI@nova.edu.

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|---|--|
| Department: | |
| Staff Member Performing Inspection(s): | |
| Staff Member’s Signature and Date of Inspection | |