

# TRANSPONDER TEST FORM



## CONTACT DETAILS (to be filled in by the customer / partner)

**Customer** (company name, street, house number, postal code, city)

**Partner** (company name, street, house number, postal code, city)

\_\_\_\_\_  
Contact number (if available)

\_\_\_\_\_  
Contact number (if available)

\_\_\_\_\_  
Contact person

\_\_\_\_\_  
Contact person

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
E-mail

Where to keep the transponder after testing? (Please tick as appropriate.)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Return to customer                   | <input type="checkbox"/> Return to partner | <input type="checkbox"/> Return to distribution contact |
| <input type="checkbox"/> Archive with PCS for future purposes | <input type="checkbox"/> See comment       |   |

## PROJECT DETAILS (to be filled in by the customer / partner)

\_\_\_\_\_  
Commission Number (if available)

\_\_\_\_\_  
Order number (if available)

Purpose of the test

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Analysis / basic test | <input type="checkbox"/> Serial number / UID read-out | <input type="checkbox"/> Printed / coded number read-out |
|--|---|--|

\_\_\_\_\_  
Number of terminals

\_\_\_\_\_  
Number of employees

Application (please tick as appropriate)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> ZE / ZK / PegaSys / NoC / OSS / BDE<br><small>(Access Control / Time Recording / Access Control<br/>Offline / Production Data Collection)</small> | <input type="checkbox"/> Tagmaster<br><small>(UHF)</small>                                 | <input type="checkbox"/> USB reader / serial reader |
| <input type="checkbox"/> Biometrics - palm vein<br><small>Template on Card (ToC)</small>   | <input type="checkbox"/> Biometrics - fingerprint<br><small>Template on Card (ToC)</small> |   |

\_\_\_\_\_  
Comment

\_\_\_\_\_  
Number of, and information concerning, IAM, GAM, XAM, SAM63, or SAM license cards (if any)

\_\_\_\_\_  
Information on license card storage and management (if any)

# TRANSPONDER TEST FORM



## CONCISE TEST RESULT (to be filled in by PCS)

Reading

Recoding

Parameterization

Date of creation

Distribution at PCS

Processor at PCS

## DETAILED TEST RESULT (to be filled in by PCS)

Supplier

Printed number

Number

Reading distance

Layout

Barcode

Yes  No  open  covered

Magnetic strip

Yes  No

Contact chip

Yes  No

Design type 1

Design type 2

Design type 3

1st reading method, design type 1

1st reading method, design type 2

1st reading method, design type 3

2nd reading method, design type 1

2nd reading method, design type 2

2nd reading method, design type 3

Result