

**Colorado Division of Gaming**

**Slot Machine Incident Report**

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| General Information |

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| **Today’s Date:** |       | **Casino:**       |
| **Date of Incident:** |       | **Time of Incident:** |       |

Incident Description (i.e. general description, timeline, persons involved, etc):

Possible Cause if Identified:

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| Machine Information |

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| **Asset Number:** |  | **Location:** |  |
| **Serial Number:** |  | **Manufacturer:** |  |
| **Game theme:** |  |
| **Critical Program Storage Media (Main Program) ID Number/Version:** |       |
| **Base ID Number/Version:** |  |
| **Graphics ID Number/Version:** |  |
| **Sound ID Number/Version:** |  |
| **Other Associated Software:** |  |
| **Bill Validator Hardware ID/Software:** |  |
| **Printer Hardware ID/Software:** |       |
| **Coin Acceptor Hardware ID/Software:** |  |
| **Other Associated Firmware:** |       |
| **Other Applicable Information:** |       |
| **Machine Options and Settings:**  | **Denomination(s) enabled:** |  |
| **Pay table(s) enabled:****(Attach sheet if multi-denom/multi-game).** |  |
| **Hopper limit:** |  |
| **Credit limit:** |  |
| **Bill acceptor limit:** |  |
| **Jackpot limit:** |  |
| **Validation / redemption setup:** |  |
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| System Information |

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| System manufacturer: |       |
| System main program version: |       |
| Sentinel/PT/GMU Model: |       |
| Sentinel/PT/GMU Version: |       |
| SAS Version: |       |
| Associated Firmware Information: |       |
| Other Applicable Information: |       |
| Communication (comm.) options: |       |
| Comm. channels enabled: |       |

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| Progressive Information |

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| Progressive Type: |       |
| Progressive Controller ID / model #: |       |
| Progressive Setting: |       |
| Controller Program ID Number/Version: |       |
| Other Applicable Information: |       |

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| **Comments:**      |

**Please include an electronic copy of all pictures, videos, applicable system reports, machine logs and Machine Entry Access Log (MEAL) books associated with this incident.**

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| **Casino representative: (print)** | **Date Signed:** |
| X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |       |
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| **Signature**: |
| X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| **Sign upon receiving evidence (Lab representative):** | **Date Signed:** |
| X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |       |
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