

**Colorado Division of Gaming**

**Kiosk Incident Report**

|  |
| --- |
| General Information |

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

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

Possible Cause if Identified:

|  |
| --- |
| Kiosk Information |

|  |  |  |  |
| --- | --- | --- | --- |
| **Asset Number:** |  | **Location:** |  |
| **Serial Number:** |  | **Manufacturer:** |       |
| **Critical Program Storage Media (Main Program) ID Number/Version:** |       |
| **Base ID Number/Version:** |  |
| **Other Associated Software:** |  |
| **Bill Validator Hardware ID/Software:** |  |
| **Other Associated Firmware:** |       |
| **Other Applicable Information:** |       |
| **Options and Settings:**  |  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| System Information |

|  |  |
| --- | --- |
| System manufacturer: |       |
| System main program version: |       |
| SAS Version: |       |
| Associated Firmware Information: |       |
| Other Applicable Information: |       |

|  |
| --- |
| **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.**

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

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