JACKPOT KIOSK CHECKLIST	
Casino:	
Manufacturer:	
Location & Kiosk Number:	
Completed by:(print all names)	
or any portion of the checklist must sign	all the requirements outlined below. Any individuals who complete all n the document (<i>Including license number</i>). This checklist must be let to the Division of Gaming upon request. If any of the following fail, axt course of action.
PASS FAIL (initial on the line to indica	ate test results)
All required locks are inst	talled and operate correctly.
Candle operates correctly	
Device History log is pres	sent and completed correctly.
Access log is present and	completed correctly.
Regulated documents pro	duced by the kiosk meet all requirements.
Bill Validator was tested.	
Ticket/Receipt Printer wa	s tested.
Hoppers if present were to	ested.
Dispenser was tested to en	nsure each cassette is configured and dispenses correctly.
Surveillance has approved	d the coverage of the Kiosk.
	are is approved for use in Colorado. ardless of being enabled or disabled)
Kiosk has been configured	d correctly.
Kiosk has only Colorado	approved features/functionality enabled.
(RTC) Real Time Clock is	s in sync with the gaming system.
support functionality or ex	proved application(s) are installed on or interfaced with the kiosk to expedite processing of the jackpot. Sem jackpot/fill application, Gambling Payment Intercept or AML compliance

software and each are configured correctly.

 Signature(s):
 Date of Completion:

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 Date of Completion:

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 Date of Completion:

____ Kiosk positions and permissions have been created and assigned appropriately.