

Room Certification

RHA:

Site:

Telehealth Drop ID:

Room #:

Room Name:

Contact & Telephone #:

Room Phone #:

Room Capacity:

	Complete	Incomplete	N/A
1. Drop has been labelled as a Telehealth drop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Test call to Helpdesk is complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Test call to MCU is complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Test call with other endpoint (outside region) complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Codec can be reached via Ping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Room has been added to Scheduling System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Notified Project Lead of Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Onsite Tech:

Additional Comments: _____

Completed by: _____

Date: _____

Signature: _____

Certification Complete: Yes No

