Poll Opening Checklist
For Optical Scan or “Blended” Systems

Your Name ________________________ Your cell phone # ______________________

Your email address _______________________________________________________

Precinct # _____ Precinct Clerk’s name: _____________________________________

Precinct Location: _________________________________________________________

Please record the following information:

Optical Scan:

A. Serial # of Machine (on back of machine) _________________________________
B. Memory card seal number ____________________________
C. Other seal numbers _________________________________________________

Touchscreen or Ballot Marker:

A. Serial # of Machine: ____________________________
B. Memory Card seal number ______________

Were the poll workers able to set up and start machines successfully?
Yes_____ No_______

Was zero tape printed and signed for optical scan? Yes _____ No _____ If no, explain problem and resolution below.

Was zero tape printed and signed for touchscreen or ballot marker?
Yes _____ No ______ if no, explain below.

Description of any problems that you experienced or witnessed (please continue on back of form):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Contact Info: If you experience or witness any problems, please call your designated contact at _______________________________.