



Florida Fair Elections Coalition
Deland, FL
www.ffec.org

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 \_\_\_\_\_.