

Digital and Analog Device Inventory

NETTM



WAREHOUSE NUMBER	CITY
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DATE OF VISIT _____TECHNICIAN NAME _____DEPARTMENT _____

TITLE AND NAME OF SITE CONTACT

If the department will be closed to the public,
indicate the date when it should reopen:

NOTES

DEVICE TYPE	NAME / EXT / PH NUMBER	JACK LABEL	SWITCH/PORT	NEW JACK LABEL	NEW SWITCH/PORT
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[illegible]

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