



P.O. Box 576  
 Milford, OH 45150  
 (844) 474-2262

6 November, 2015

**iMPACT<sup>iq</sup> Installation Report, Form IR1507 Rev 3**

Please complete this form after installing the iMPACT<sup>iq</sup> control. Email this completed form along with the iMPACT<sup>iq</sup> Pre- Installation Check list (Form PI1508) to [support@iMPACT-iQ.com](mailto:support@iMPACT-iQ.com)

<b>Installation Completed by:</b>	Name:			
	Phone #:		Email:	
<b>Customer Company Info:</b>	Name:			
	Address:			
<b>Customer Representative:</b>	Name:		Title:	
	Phone #:		Email:	

**This Control was installed as part of: (check one)**

Control only upgrade Machine Retrofit	<input type="checkbox"/>	Machine Rebuild New Machine	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Machine Make:  Machine Model:  Machine S/N:

iQ Control Model:   
 iQ Software Version:

iQ Control Serial #:   
 Install Completion Date:

<p><b>No Faults-Errors:</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Tool Change functions for all tools:</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Test Cut completed:</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Customer has copy of Ops Manual:</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>Machine References:</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>All Options Installed/Tested:</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Applicable Training Completed:</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Old Hardware Disposed:</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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**Machine functions same after iMPACTiq install as before install (Use Form PI1508 to confirm):** Yes  No

Please enter comments for all "No" answers on the following page (page 2)

For Internal use only:

Sales Order #:   
 RFQ Number:

Warranty Expiration:   
 Follow-up Date:

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**iMPACT<sup>iQ</sup> Installation Report, Form IR1507 Rev 3 (page 2)**

iQ Control Model:  iQ Control Serial #:

<b>Comments for all "no" answers:</b>	

<b>Additional comments or suggestions are welcome:</b>	

**Customer**  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Installer**  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please ensure the customer receives a copy of this install report. Installer, please retain a copy of this install report for your records. Please email a copy of this completed install report and the pre-installation check list (Form PI1508) to: [support@iMPACT-iQ.com](mailto:support@iMPACT-iQ.com)

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