

Gambling Equipment Malfunction Report
Notification required within 72-hours of discovering malfunction
Email to: get@wsgc.wa.gov Questions? (360) 486-3571

Indicate with an "X" the gambling equipment you are reporting about:

- | | |
|--|--|
| <p><input type="checkbox"/> Progressive/Bonusing system</p> <p><input type="checkbox"/> Electronic Card Facsimile</p> <p><input type="checkbox"/> Electronic Pull-Tab Dispensing Device
(Excluding bill validator problems or jams)</p> <p><input type="checkbox"/> Electronic Raffle System</p> | <p><input type="checkbox"/> Shuffler with Integrity or Randomness
Issues
(Excluding routine shuffler malfunctions/jams)</p> <p><input type="checkbox"/> Electronic Bingo Dauber System</p> <p><input type="checkbox"/> Other</p> |
|--|--|

Operator: _____

Submitter's Name and Contact #: _____

System manufacturer: _____

Date/time of report: _____ Date/time of incident: _____

Version of equipment and signature: _____

Description of malfunction: _____

Other helpful information:

1. Was there an unusual event that preceded the incident? (Power outage, Surge)?

_____ Yes _____ No

2. Did you pull surveillance tapes? _____ Yes _____ No

3. Were customers affected? Describe: _____

4. Describe troubleshooting attempts and any contact with equipment manufacturer.

Attachments:

Photos: _____ Yes _____ No

Incident reports: _____ Yes _____ No

System reports: _____ Yes _____ No