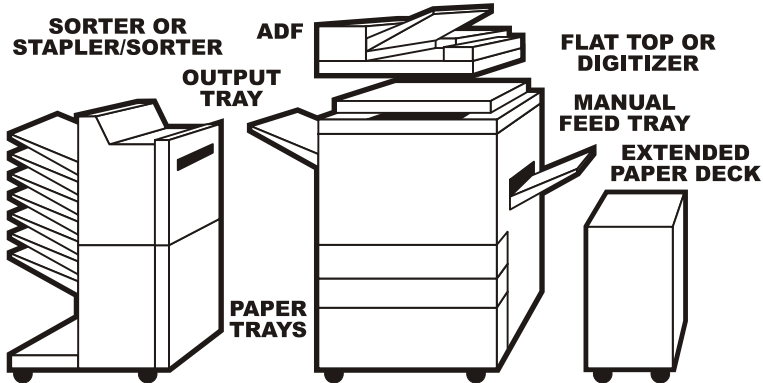


**RTR SERVICES INC.  
COPIER CONDITION REPORT**

**RTR #:** 2054139-24  
**ACCOUNT #:**  
**ACCOUNT NAME:**



**LOCATION** O'Fallon, MO

- OPERATIONAL:  
 NON-OPERATIONAL:  
 UNTESTABLE:

**MAKE:** Lexmark  
**MODEL:** MX822  
**COPY COUNT:** 266,660  
**CONDITION:** Fair  
**SERIAL #:** 7465916020L55

B & W  SPOT COLOR  FULL COLOR

| FEATURE       | GOOD                     | FAIR                                | POOR                     | N/A                                 | COMMENTS |
|---------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|----------|
| RADF          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |          |
| ADF           | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| DIGITIZER     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |          |
| FLAT TOP      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |          |
| GLASS         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |          |
| CONTROL PANEL | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |          |
| BUTTONS       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |          |
| KEY/LOCK      | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| USER CARD     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| NIC           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |          |
| PRINT SERVER  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |          |
| UPS           | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| STAND/CABINET | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |          |
| DUPLEXING     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |          |
| FINISHER      | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| SORTER        | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| STAPLER       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| OUTPUT TRAY   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |          |
| MANUAL FEED   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |          |
| LTR TRAY      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |          |
| LGL TRAY      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |          |
| TAB TRAY      | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| PAPER DECK    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |

**NOTES:**

Completed print test.

03/02/2023

EMPLOYEE'S FULL NAME (PLEASE PRINT)

DATE

EMPLOYEE'S SIGNATURE

By signature above I do hereby certify all information contained within this report to be true and accurate to the best of my knowledge at present.

**RTR Services Inc. • 2747 Pence Loop SE Salem OR 97302 • 1.800.238.3294 • FAX 503.399.0421**

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