



**STATE OF FLORIDA
FLORIDA GAMING CONTROL COMMISSION
DIVISION OF PARI-MUTUEL WAGERING**
www.fgcc.fl.gov

Permitholder Meet _____	Date _____	Tote System Perf. No. _____
Origin: 1. Host () 2. Host/Remote () 3. Regional Hub () 4. Guest Interface, Specify _____		
Applicable Site: 1. Amtote () 2. Sportech () 3. United Tote () 4. Other, Specify _____		
Cause of Event		
<u>Operations</u> Personnel _____ Other (explain) _____	<u>Communication</u> Modem _____ Phone line _____ Leased line _____ Dial back up _____ Satellite _____ Other (explain) _____	<u>Power Failure</u> Internal _____ External _____
<u>Systems</u> Hardware _____ Software _____ Tote display _____ Terminals _____ Other (explain) _____		
Consequences		
Underbet (note by pool) _____		
Underpay (note by pool) _____		
Overpay (note by pool) _____		
Wagering data lost (if any) _____		
Incorrect prices paid _____		
Note all incorrect reports if applicable (real time & end of performance) _____		
Incorrect refunds (note by pool) _____		
Actual wagering time lost _____		
Public Impact		
Significant _____	Insignificant _____	
<u>Prices</u>	<u>Displays</u>	<u>Delays</u>
Incorrect prices paid _____	Public display boards _____	Cashing _____
Incorrect refunds _____	Incorrect odds displayed _____	Selling _____
Pools/Prices not paid _____	Incorrect price displayed _____	Exchange _____
Refunds not paid _____	Incorrect contest displayed _____	Final cycle & prices _____
	No display _____	Contest canceled _____
	Other (explain) _____	Other (explain) _____
Corrective Action (Tote Company Only)		
<u>Hardware</u>	<u>Software</u>	<u>Communications</u>
Switch to back up _____	Restart applications program _____	Reset modem string _____
Replace component _____	Restart/Reboot CPU _____	Replace modem _____
Consult with engineer _____	Consult with programmer _____	Dial back up _____
Other (explain) _____	Other (explain) _____	Other (explain) _____
<u>Measures Taken to Preclude Reoccurrence</u>		
Procedure change _____	Additional personnel training _____	
*Hardware upgrade _____	*Software upgrade _____	
*Requires Division notification		
Mutuels Manager Only		
Amounts for handle, commission, breakage, public pay, liability, refunds, and outs correct		Yes _____
		No _____
If "No" please specify _____		
Estimate of lost pari-mutuel handle _____		
If there was an underbet please note "adback" schedules and specify criteria _____		
Please attach all relevant documentation and submit to the Division in Tallahassee.		
Tote Representative Signature _____	Mutuels Manager Signature _____	Date _____