

Date:	Inspector:	Site Identification Name:	County
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**Fiber Optic Cables**

1 <sup>st</sup> Cable Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	2 <sup>nd</sup> Cable Installed <input type="checkbox"/> Yes <input type="checkbox"/> No
ITSFM Feature ID: _____	ITSFM Feature ID: _____
Cable Origination Point: _____	Cable Origination Point: _____
Facility Owner: _____	Facility Owner: _____
County: _____ Year Installed: _____	County: _____ Year Installed: _____
Installation Type: <input type="checkbox"/> Underground <input type="checkbox"/> Aerial <input type="checkbox"/> Bridge <input type="checkbox"/> Other <input type="checkbox"/> _____	Installation Type: <input type="checkbox"/> Underground <input type="checkbox"/> Aerial <input type="checkbox"/> Bridge <input type="checkbox"/> Other <input type="checkbox"/> _____
Manufacture: _____	Manufacture: _____
Manufacture Year: _____	Manufacture Year: _____
Strand Count: _____ Mode: <input type="checkbox"/> SM <input type="checkbox"/> MM <input type="checkbox"/> Mixed	Strand Count: _____ Mode: <input type="checkbox"/> SM <input type="checkbox"/> MM <input type="checkbox"/> Mixed
Sheath: <input type="checkbox"/> Dielectric <input type="checkbox"/> Armored <input type="checkbox"/> Other _____	Sheath: <input type="checkbox"/> Dielectric <input type="checkbox"/> Armored <input type="checkbox"/> Other _____
Structure: <input type="checkbox"/> Loose Tube <input type="checkbox"/> Ribbon	Structure: <input type="checkbox"/> Loose Tube <input type="checkbox"/> Ribbon
Single Mode Strand Group: <input type="checkbox"/> 6 <input type="checkbox"/> 12	Single Mode Strand Group: <input type="checkbox"/> 6 <input type="checkbox"/> 12
Multi-Mode Strand Group: <input type="checkbox"/> 6 <input type="checkbox"/> 12	Multi-Mode Strand Group: <input type="checkbox"/> 6 <input type="checkbox"/> 12
Strand Order: <input type="checkbox"/> SM/MM <input type="checkbox"/> MM/SM	Strand Order: <input type="checkbox"/> SM/MM <input type="checkbox"/> MM/SM
Cable Sequential: _____ <input type="checkbox"/> Ft. <input type="checkbox"/> Meter	Cable Sequential: _____ <input type="checkbox"/> Ft. <input type="checkbox"/> Meter
Cable Termination: <input type="checkbox"/> Patch Panel <input type="checkbox"/> Fan-Out Kit	Cable Termination: <input type="checkbox"/> Patch Panel <input type="checkbox"/> Fan-Out Kit
Fan-Out Kit Connector: <input type="checkbox"/> ST <input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> LC <input type="checkbox"/> Other: _____	Fan-Out Kit Connector: <input type="checkbox"/> ST <input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> LC <input type="checkbox"/> Other: _____
Notes: _____	Notes: _____

**Fiber Optic Patch Panels**

1 <sup>st</sup> Patch Panel Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	2 <sup>nd</sup> Patch Panel Installed <input type="checkbox"/> Yes <input type="checkbox"/> No
ITSFM Feature ID: _____	ITSFM Feature ID: _____
Date Installed yyyy-mm-dd: _____	Date Installed yyyy-mm-dd: _____
Manufacturer: _____	Manufacturer: _____
Model: _____	Model: _____
Installed # Ports: _____ Max # Ports: _____	Installed # Ports: _____ Max # Ports: _____
Panel Type: <input type="checkbox"/> Single-Mode <input type="checkbox"/> Multi-Mode	Panel Type: <input type="checkbox"/> Single-Mode <input type="checkbox"/> Multi-Mode
Connector Type: <input type="checkbox"/> ST <input type="checkbox"/> LC <input type="checkbox"/> SC <input type="checkbox"/> Other _____	Connector Type: <input type="checkbox"/> ST <input type="checkbox"/> LC <input type="checkbox"/> SC <input type="checkbox"/> Other _____
Installation Bay: _____ Installation Rack: _____	Installation Bay: _____ Installation Rack: _____
Notes: _____	Notes: _____

**Fiber Optic Communication Equipment**

This Equipment is connected to the Fiber Optic Cable or Patch Panel (i.e. Ethernet Switch, Fiber Modem, etc.)

Fiber Device #1	Fiber Device #2
ITSFM Feature ID: _____ Fiber Device Type: _____ Facility Owner: _____ Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____ IP Address: _____ MAC Address: _____ Firmware Version: _____ Input Voltage: _____ Load/Draw (AMP): _____ Fiber Mode: <input type="checkbox"/> Single-Mode <input type="checkbox"/> Multi-Mode Copper Ports Out: _____ Trunk Ports: _____ Derived Ports: _____ Connector Type: <input type="checkbox"/> ST <input type="checkbox"/> LC <input type="checkbox"/> SC <input type="checkbox"/> Other _____ Notes: _____	ITSFM Feature ID: _____ Fiber Device Type: _____ Facility Owner: _____ Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____ IP Address: _____ MAC Address: _____ Firmware Version: _____ Input Voltage: _____ Load/Draw (AMP): _____ Fiber Mode: <input type="checkbox"/> Single-Mode <input type="checkbox"/> Multi-Mode Copper Ports Out: _____ Trunk Ports: _____ Derived Ports: _____ Connector Type: <input type="checkbox"/> ST <input type="checkbox"/> LC <input type="checkbox"/> SC <input type="checkbox"/> Other _____ Notes: _____
Fiber Device #3	Fiber Device #4
ITSFM Feature ID: _____ Fiber Device Type: _____ Facility Owner: _____ Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____ IP Address: _____ MAC Address: _____ Firmware Version: _____ Input Voltage: _____ Load/Draw (AMP): _____ Fiber Mode: <input type="checkbox"/> Single-Mode <input type="checkbox"/> Multi-Mode Copper Ports Out: _____ Trunk Ports: _____ Derived Ports: _____ Connector Type: <input type="checkbox"/> ST <input type="checkbox"/> LC <input type="checkbox"/> SC <input type="checkbox"/> Other _____ Notes: _____	ITSFM Feature ID: _____ Fiber Device Type: _____ Facility Owner: _____ Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____ IP Address: _____ MAC Address: _____ Firmware Version: _____ Input Voltage: _____ Load/Draw (AMP): _____ Fiber Mode: <input type="checkbox"/> Single-Mode <input type="checkbox"/> Multi-Mode Copper Ports Out: _____ Trunk Ports: _____ Derived Ports: _____ Connector Type: <input type="checkbox"/> ST <input type="checkbox"/> LC <input type="checkbox"/> SC <input type="checkbox"/> Other _____ Notes: _____