

Date:	Inspector:	Financial Project ID:	As-Built Drawing No:
Site Identification Name (SIN) _____		Latitude/Longitude (N/W) or State Plane Coordinate (N/E) ____ = _____ ____ = _____	
District: _____ County: _____			
Equipment Racks			
Bay ID: _____ Rack Number: _____ Type: <input type="checkbox"/> 2-Post <input type="checkbox"/> 4-Post <input type="checkbox"/> Cabinet Dimension: ____ (L)x ____ (W)x ____ (H)	Bay ID: _____ Rack Number: _____ Type: <input type="checkbox"/> 2-Post <input type="checkbox"/> 4-Post <input type="checkbox"/> Cabinet Dimension: ____ (L)x ____ (W)x ____ (H)	Bay ID: _____ Rack Number: _____ Type: <input type="checkbox"/> 2-Post <input type="checkbox"/> 4-Post <input type="checkbox"/> Cabinet Dimension: ____ (L)x ____ (W)x ____ (H)	
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Fiber Optic Cables

1 st Cable Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	2 nd Cable Installed <input type="checkbox"/> Yes <input type="checkbox"/> No
Cable Origination Point: _____	Cable Origination Point: _____
Cable Type: <input type="checkbox"/> SM <input type="checkbox"/> MM Cable Size: _____	Cable Type: <input type="checkbox"/> SM <input type="checkbox"/> MM Cable Size: _____
Cable Sequential Reading: _____ <input type="checkbox"/> Ft. <input type="checkbox"/> Meter	Cable Sequential Reading: _____ <input type="checkbox"/> Ft. <input type="checkbox"/> Meter
3 rd Cable Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	4 th Cable Installed <input type="checkbox"/> Yes <input type="checkbox"/> No
Cable Origination Point: _____	Cable Origination Point: _____
Cable Type: <input type="checkbox"/> SM <input type="checkbox"/> MM Cable Size: _____	Cable Type: <input type="checkbox"/> SM <input type="checkbox"/> MM Cable Size: _____
Cable Sequential Reading: _____ <input type="checkbox"/> Ft. <input type="checkbox"/> Meter	Cable Sequential Reading: _____ <input type="checkbox"/> Ft. <input type="checkbox"/> Meter
5 th Cable Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	6 th Cable Installed <input type="checkbox"/> Yes <input type="checkbox"/> No
Cable Origination Point: _____	Cable Origination Point: _____
Cable Type: <input type="checkbox"/> SM <input type="checkbox"/> MM Cable Size: _____	Cable Type: <input type="checkbox"/> SM <input type="checkbox"/> MM Cable Size: _____
Cable Sequential Reading: _____ <input type="checkbox"/> Ft. <input type="checkbox"/> Meter	Cable Sequential Reading: _____ <input type="checkbox"/> Ft. <input type="checkbox"/> Meter

Fiber Optic Patch Panels

1 st Patch Panel Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	2 nd Patch Panel Installed <input type="checkbox"/> Yes <input type="checkbox"/> No
Bay ID: _____ Rack Number: _____	Bay ID: _____ Rack Number: _____
Rack Position: Top: _____ Bottom: _____	Rack Position: Top: _____ Bottom: _____
Manufacturer: _____	Manufacturer: _____
Model: _____ # of Ports: _____	Model: _____ # of 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"/> FC <input type="checkbox"/> SC <input type="checkbox"/> Other _____	Connector Type: <input type="checkbox"/> ST <input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> Other _____
3 rd Patch Panel Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	4 th Patch Panel Installed <input type="checkbox"/> Yes <input type="checkbox"/> No
Bay ID: _____ Rack Number: _____	Bay ID: _____ Rack Number: _____
Rack Position: Top: _____ Bottom: _____	Rack Position: Top: _____ Bottom: _____
Manufacturer: _____	Manufacturer: _____
Model: _____ # of Ports: _____	Model: _____ # of 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"/> FC <input type="checkbox"/> SC <input type="checkbox"/> Other _____	Connector Type: <input type="checkbox"/> ST <input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> Other _____

Fiber Optic Communication Equipment

Primary Fiber Communication Device (i.e. Ethernet Switch)

Bay ID: _____ Rack Number: _____	Rack Position: Top: _____ Bottom: _____
Fiber Device Type: <input type="checkbox"/> Input Ports: _____	<input type="checkbox"/> Fiber: _____ <input type="checkbox"/> Copper: _____
Manufacturer: _____	Output Ports: <input type="checkbox"/> Fiber: _____ <input type="checkbox"/> Copper: _____
Model: _____	Connector Type: <input type="checkbox"/> ST <input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> Other _____
Serial Number: _____	MAC Address: _____
IP Address: _____	Firmware Version: _____