

Date:	Inspector:	Site Identification Name:	County
Fiber Optic Cables			
1st Cable Installed <input type="checkbox"/> Yes <input type="checkbox"/> No		2nd Cable Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	
ITSFM Feature ID: _____ Cable Origination Point: _____ Facility Owner: _____ County: _____ Year Installed: _____ Installation Type: <input type="checkbox"/> Underground <input type="checkbox"/> Aerial <input type="checkbox"/> Bridge <input type="checkbox"/> Other <input type="checkbox"/> _____ Manufacture: _____ 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 _____ Structure: <input type="checkbox"/> Loose Tube <input type="checkbox"/> Ribbon Single 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 Cable Sequential: _____ <input type="checkbox"/> Ft. <input type="checkbox"/> Meter 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: _____ Notes: _____		ITSFM Feature ID: _____ Cable Origination Point: _____ Facility Owner: _____ County: _____ Year Installed: _____ Installation Type: <input type="checkbox"/> Underground <input type="checkbox"/> Aerial <input type="checkbox"/> Bridge <input type="checkbox"/> Other <input type="checkbox"/> _____ Manufacture: _____ 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 _____ Structure: <input type="checkbox"/> Loose Tube <input type="checkbox"/> Ribbon Single 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 Cable Sequential: _____ <input type="checkbox"/> Ft. <input type="checkbox"/> Meter 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: _____ Notes: _____	
Fiber Optic Patch Panels			
1st Patch Panel Installed <input type="checkbox"/> Yes <input type="checkbox"/> No		2nd Patch Panel Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	
ITSFM Feature ID: _____ Date Installed yyyy-mm-dd: _____ Manufacturer: _____ Model: _____ Installed # Ports: _____ Max # Ports: _____ 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 _____ Installation Bay: _____ Installation Rack: _____ Notes: _____ _____		ITSFM Feature ID: _____ Date Installed yyyy-mm-dd: _____ Manufacturer: _____ Model: _____ Installed # Ports: _____ Max # Ports: _____ 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 _____ Installation Bay: _____ Installation Rack: _____ Notes: _____ _____	

Site Identification Name: _____

Fiber Optic Cable & Equipment Attribute Form

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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

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: Single-Mode Multi-Mode
Copper Ports Out: _____
Trunk Ports: _____ Derived Ports: _____
Connector Type: ST LC SC Other _____
Notes: _____

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: Single-Mode Multi-Mode
Copper Ports Out: _____
Trunk Ports: _____ Derived Ports: _____
Connector Type: ST LC SC Other _____
Notes: _____

Fiber Device #3

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: Single-Mode Multi-Mode
Copper Ports Out: _____
Trunk Ports: _____ Derived Ports: _____
Connector Type: ST LC SC Other _____
Notes: _____

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: Single-Mode Multi-Mode
Copper Ports Out: _____
Trunk Ports: _____ Derived Ports: _____
Connector Type: ST LC SC Other _____
Notes: _____