UPF FIBER OPTIC CABLE TEST INSPECTION RECORD

Work Package No: _____

Task No.:_____

DMC NUMBER:			**DATE:**	
TEST NUMBER:			**DATE:**	
PROJECT NUMBER:		**PROJECT NAME:**		
SYSTEM:		**WORK PACKAGE:**		
QUALITY LEVEL: ☐ **Q** ☐ **RS** ☐ **CC** ☐ **N/A**				
SERVICE:		**LOCATION:**		
COMPONENT: "FROM" / "TO", OR CABLE NUMBER	**STRAND NUMBER**	**READINGS: (-) db ON REEL**	**READINGS: (-) db INSTALLED**	**COMMENTS**
TEST EQUIPMENT MFG:		**MODEL NUMBER:**		
SERIAL NUMBER:		**CALIBRATION DUE DATE:**		
NOTE: It is recommended that random cable strands be proofed on the reel, prior to installation.				
COMMENTS:				
TEST TECHNICIAN: (print/sign)			**DATE:**	
TEST WITNESS: (print/sign)			**DATE:**	
TEST REVIEW: (print/sign)			**DATE:**	