**Inspection and test plans (ITP No.19)**

**Installation of communications cabinets**

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| **Client:** | **Project name:** | **Ergo project number:** |
| **Area covered by this ITP:** | **Drawing number and revision:** | **Date:** |
| **Check conducted by:** |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NO** | **DESCRIPTION** | **INSPECTION** | | **COMPLETED** | | **COMMENTS** | **DATE** | **SIGNATURE** |
| 1 | Ensure room layout, cabinets and equipment have been approved | YES | NO | YES | NO |  |  |  |
| 2 | Confirm that cable support system has been completed as documented | YES | NO | YES | NO |  |  |  |
| 3 | Adhere to a single certified system throughout a new building installation | YES | NO | YES | NO |  |  |  |
| 4 | Comply with the detailed installation specifications | YES | NO | YES | NO |  |  |  |
| 5 | Network cables have been appropriately sized and selected to ensure that they will support currently installed and future equipment | YES | NO | YES | NO |  |  |  |
| 6 | Connections have been correctly terminated and insulated to ensure perfect connectivity and protect against faults and interference | YES | NO | YES | NO |  |  |  |
| 7 | Sufficient spare cable has been left coiled up outside of the cabinet | YES | NO | YES | NO |  |  |  |
| 8 | Check all internal wiring as per panel wiring diagram. Has all equipment including cable managers been installed as per rack layout | YES | NO | YES | NO |  |  |  |
| 9 | Has a dedicated power circuit been supplied for the cabinet | YES | NO | YES | NO |  |  |  |
| 10 | Is there a steel tray/raceway installed between each cabinet to accommodate linking patch leads | YES | NO | YES | NO |  |  |  |
| 11 | All cabling has been tested using the Fluke data tester | YES | NO | YES | NO |  |  |  |
| 12 | Undergo certification tests prior to acceptance of work completed | YES | NO | YES | NO |  |  |  |
| 13 | Provide copies of certification tests to the Office of IT Services | YES | NO | YES | NO |  |  |  |

Additional comments:

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