

Internal Check & Test Procedure

BoQ Plan Actual

Region: Cianjur

Link From: _____

Address: Feder open area Balawan Caravan XL32CJR 0012

No.	Item	BoQ Plan (WO)	BoQ Actual (Redline)	+/-	Unit
1	Pole 9m, 5inch				Unit
2	Pole 7m, 4inch				Unit
3	Pole 7m, 3inch (HC)				Unit
4	FDT				Unit
5	FAT				Unit
6	Cable 24 core	558	456		M1
7	Cable 36 core				M1
8	Cable 48 Core				M1
9	Joint Closure				Unit
10	Splitter 1:16				Unit
11	Sling wire	219	0		M1
	Section frame	2	1		


Comments:

Signatures:

Responsible Subcontractor

Name: Abrar Nasrul


ID:

Signature: 

Responsible Mandor

Name: DEVI

ID:

Signature: 

Internal Check & Test Procedure

Checklist for Cable Installation in HH, HH Pit and OTB
(Visual Inspection)

Region: Cagayan

Cluster: _____

Link From: _____

To: _____

Address: _____

Address: _____

No.	Item	Requirements	Comment
1	Handhole	Cable arrangement and cable not slack on bracket	<input type="checkbox"/> passed <input type="checkbox"/> fail <input type="checkbox"/> N/A
		Seal closure and excess cable on the bracket removed	<input type="checkbox"/> passed <input type="checkbox"/> fail <input type="checkbox"/> N/A
		Cleaness of handhole after cable pulled	<input type="checkbox"/> passed <input type="checkbox"/> fail <input type="checkbox"/> N/A
		Cable arrangement and coil in turn side slack	<input type="checkbox"/> passed <input type="checkbox"/> fail <input type="checkbox"/> N/A
2	HH Pit	Cable Place on the bracket properly	<input type="checkbox"/> passed <input type="checkbox"/> fail <input type="checkbox"/> N/A
		Cleaness of handhole after cable pulled	<input type="checkbox"/> passed <input type="checkbox"/> fail <input type="checkbox"/> N/A
3	OTB	Cable enter to the OTB properly	<input type="checkbox"/> passed <input type="checkbox"/> fail <input type="checkbox"/> N/A
		Cable protected by corrugated pipe (exposed)	<input type="checkbox"/> passed <input type="checkbox"/> fail <input type="checkbox"/> N/A
		Cable arrangement enter to the cabinet correctly	<input type="checkbox"/> passed <input type="checkbox"/> fail <input type="checkbox"/> N/A
		Label OTB and Port (PTB harus di label dan keterangan susunan port)	<input type="checkbox"/> passed <input type="checkbox"/> fail <input type="checkbox"/> N/A
4	Aerial Cable	The cable ground clearance conform to required height	<input checked="" type="checkbox"/> passed <input type="checkbox"/> fail <input type="checkbox"/> N/A
		The slack cable is coiled in the coiling holder at >20 times the cable diameter	<input checked="" type="checkbox"/> passed <input type="checkbox"/> fail <input type="checkbox"/> N/A
		The cable is properly tensioned / clamped / wrapped	<input checked="" type="checkbox"/> passed <input type="checkbox"/> fail <input type="checkbox"/> N/A
		Cable is properly secured at the pole	<input checked="" type="checkbox"/> passed <input type="checkbox"/> fail <input type="checkbox"/> N/A
		Bending radius 20 times of cable diameter at turning point	<input checked="" type="checkbox"/> passed <input type="checkbox"/> fail <input type="checkbox"/> N/A
		Cable damage	<input checked="" type="checkbox"/> passed <input type="checkbox"/> fail <input type="checkbox"/> N/A
		Cable labelling	<input checked="" type="checkbox"/> passed <input type="checkbox"/> fail <input type="checkbox"/> N/A

Remark: _____

Signatures:

Responsible Subcontractor

Name: Abdur Nasrud

Responsible Mandor

Name: DEVI

ID:

Signature: [Signature]

Date: _____

ID:

Signature: [Signature]

Date: _____