**Network-as-a-Service Runbook**

***Equipment Pick-Up Checklist***

**<NaaS Operator’s Name>**

**

*<Release Date>*

**Waybill**

|  |  |  |  |
| --- | --- | --- | --- |
| **Waybill NO:** | | | |
| **Origin:** | | **Destination:** | |
| **Warehouse Name:** |  | **Site Name:** |  |
| **Address:** |  | **Address:** |  |
| **Region:** |  | **Region:** |  |
| **State:** |  | **Longitude:** |  |
| **Phone:** |  | **Latitude:** |  |

**Loading Details**

| **Checked** | **KIT NO.** | **Serial Number** | **Item Description** | **Model** | **Quantity** | **Warehouse Origin** |
| --- | --- | --- | --- | --- | --- | --- |
|  | Enter number 1 | 24JG64L5JGH | Antenna | ANT345 | 3 | Location |
|  | Enter number 2 |  | RRU | RRU66 | 3 | Location |
|  | Enter number 3 |  | Baseband | BBU435 | 1 | Location |
|  | Enter number 4 |  | PSU | PSU34 | 1 | Location |
|  | Enter number 5 |  | IDU | IDU354 | 1 | Location |
|  | Enter number 6 |  | ODU | ODU34 | 1 | Location |
|  | Enter number 7 |  | CABINET | CAB | 1 | Location |
|  | Enter number 8 |  | BATTERY CAB | BATCAB0921 | 1 | Location |
|  | Enter number 9 |  | Enter item 9 |  | Quantity | Location |
|  | Enter number 10 |  | Enter item 10 |  | Quantity | Location |
|  | Enter number 11 |  | Enter item 11 |  | Quantity | Location |
|  | Enter number 12 |  | Enter item 12 |  | Quantity | Location |
|  | Enter number 13 |  | Enter item 13 |  | Quantity | Location |
|  | Enter number 14 |  | Enter item 14 |  | Quantity | Location |
|  | Enter number 15 |  | Enter item 15 |  | Quantity | Location |
|  | Enter number 16 |  | Enter item 16 |  | Quantity | Location |
|  | Enter number 17 |  | Enter item 17 |  | Quantity | Location |
|  | Enter number 18 |  | Enter item 18 |  | Quantity | Location |
|  | Enter number 19 |  | Enter item 19 |  | Quantity | Location |
|  | Enter number 20 |  | Enter item 20 |  | Quantity | Location |

|  |  |  |  |
| --- | --- | --- | --- |
| **Warehouse Keeper** | | **Transporter** | |
| **Name:** |  | **Company:** |  |
| **Title:** |  | **Vehicle Registration:** |  |
| **Date:** |  | **Date of Dispatch:** |  |
| **Signature:** |  | **Phone:** |  |

|  |  |
| --- | --- |
| **Transporter Name and Signature** | |
| **Name :** |  |
| **Employee ID:** |  |
| **Signature:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Receiver:** | | **Discrepancies on Delivery (If Any)** | |
| **Organization:** |  | **Missing:** |  |
| **Name:** |  | **Damaged:** |  |
| **Date of Receipt:** |  | **Remarks:** | |
| **Signature:** |  |