	CENTER NAME :				MONTH/YEAR :	
	ASK Network Room Checklist				To Be Filled by IT L1/CL	
Sr. No	Parameters	Completed			Comments	
		Yes	No	N/A		
1	Network Rack Cleanliness					
2	Network Room Cleanliness					
3	Network Room Ventilation					
4	Network Wire Tagging					
5	Network Rack Locked					
6	Network Room Locked					
7	Restricted Entry Sign					
8	Entry / Exit Register					
	IT L1 Name/Sign/Date	Centre Lead Name/Sign/Date/Stamp			Network Administrator Name/Sign/Date	