

Fiber Optic Cable Handover Checklist

Project Details

Project Name

Location

Date

Client Name

Contractor Name

Cable Information

Cable Type

Number of Cores

Length (m)

Checklist Items

No.	Item	Checked	Remarks
1	Cable identification and tagging	<input type="checkbox"/>	<input type="text"/>
2	Cable route as per drawings	<input type="checkbox"/>	<input type="text"/>
3	Termination completed	<input type="checkbox"/>	<input type="text"/>
4	OTDR test results attached	<input type="checkbox"/>	<input type="text"/>
5	Splice closure physical check	<input type="checkbox"/>	<input type="text"/>
6	Route markers/labels fixed	<input type="checkbox"/>	<input type="text"/>
7	Cabinet/rack labeling	<input type="checkbox"/>	<input type="text"/>
8	Final inspection by client	<input type="checkbox"/>	<input type="text"/>

Comments

Handover Acceptance

Client Representative

Signature

Date

Contractor Representative

Signature

Date