



**AERIAL ACCEPTANCE FORM**

Site Name: \_\_\_\_\_

<b>Date:</b>		<b>Aerial Linear Distance:</b>	
	<b>From:</b>	<b>To:</b>	

No.	DESCRIPTION	ACCEPTED		ACCEPTED WITH REMARKS (Comments)
		YES	NO	
1	Height & Qty of erected Poles (12m, 10m, 8m)			
2	Qty of dressed KPLC Poles			
3	Spacing of erected Poles (≤ 65m) (≤ 150)			
4	Spacing on KPLC dressed Poles (≤ 65m) (≤ 150)			
5	Depth of pit (√pole length /2)			
6	Stay Support			
7	Qty of Tension Sets installed			
8	Qty of Slack management bracket installed			
9	Size of Cable Loop @ Slack management bracket			
10	Compaction / Reinstatements			
11	FOC clearance distance from Power Facilities			
12	Cable Tensioning & Sag			
13	<b>Overall Quality Performance Score:</b>			

**General Remarks:**  
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The Scope of work contracted has been completed and is in accordance with the Contractual specifications/ standards and the design unless otherwise stated under "**General Remarks**"

<b>CONTRACTED SUPERVISOR:</b>	<b>Name :</b>	<b>Signature:</b>
<b>CALIKEN NETWORKS (E.A) LTD (Representative)</b>	<b>Name :</b>	<b>Signature:</b>

PERFORMANCE		PERFORMANCE RATING ACTION:
4	Excellent	Exceeds quality expectations
3	Good	Meets quality expectations
2	Fair	Accepted with minor deficiencies
1	Poor	Major deficiencies observed. Failed Acceptance

## AERIAL ACCEPTANCE FORM

Site Name:

DATE:	Section:	Distance:
	From:	To:

No.	DESCRIPTION	ACCEPTED		ACCEPTED WITH REMARKS  (Minor Deficiencies)
		YES	NO	
1	Height of Poles (12m,10m,8m)			
2	Spacing of Poles ( $\leq 65m$ ) ( $\leq 150$ )			
3	Depth of pit (vpole length /2)			
4	Stay Support			
5	Tension Sets			
6	Cable Loop/ Slack management			
7	Compaction / Reinstatements			
8	Clearance from Power Facilities			
9	Cable Tensioning & Sag			
10	<b>Overall Quality Performance Score:</b>			

**GENERAL REMARKS**

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The Scope of Work contracted has been satisfactorily completed and is in accordance with the contract specification and drawings unless otherwise stated under " **ACCEPTED WITH REMARKS** "

COMPANY:	Name:	Signature:
<b>LIQUID INTELLIGENT TECHNOLOGIES</b>	Name :	Signature:

PERFORMANCE	PERFORMANCE RATING	ACTION
4	Excellent	Exceeds quality expectations
3	Good	Meets quality expectations
2	Fair	Accepted with minor deficiencies
1	Poor	Major deficiencies observed. Failed Acceptance



SITE NAME							
SUPERVISOR							
POLE NO.	DESCRIPTION		VENDORS			COORDINATES	
	WOODEN POLE	CONCRETE POLE	LIT POLE	KPLC POLE	OTHERS	LATITUDE	LONGITUDE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
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21							
22							
23							
24							
25							
26							
27							
28							
29							
30							



<b>Date:</b>	
<b>Site Name:</b>	
<b>Supervisor:</b>	

No:	Description	Quantity
1	Cable Bracket Installed	
2	Cable Pulled on Poles (m)	
3	Tension Installed	
4	UPB installed (pcs)	
5	J-Hook Installed (Pcs)	
6	Downlead Installed (pcs)	
7	Stay Installed (Pcs)	
8	Stay Insulator (pcs)	
9	8m Poles (pcs)	
10	10m Poles (pcs)	
11	12m Poles (pcs)	

Cable Slack Dimensions			
S/Bracket No:	Start metric	End metric	Difference
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

<b>Confirmed By:</b>	
<b>Name:</b>	
<b>Position:</b>	



**SITE PRE-VISIT ASSESSMENT CHECKLIST TEMPLATE**

**PROJECT NAME:** .....

**SITE NAME:** .....

**DOES THE SITE REQUIRE ANY ACCESS APPROVAL**

**IF YES: Share Contact Person Details:**

Name: ..... Contact: .....

**IF NO: Share the approval process as advised**

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**HAVE YOU VERIFIED THE OSP AND ISP SCOPES AS PER THE PLANNING DOCUMENT (PRD)**

**IF YES: Share Your Findings / Comments (Attached the Amended Sketch If Any)**

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**IF NO: Comment Reasons Why**

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**HAVE YOU VISITED THE LOCAL AUTHORITIES (CHIEF)**

**IF YES: Share Your Findings / Comments and Contact details**

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**IF NO: Comment Reasons Why**

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HAVE YOU VISITED THE WATER AND SEWERAGE COMPANY

IF YES: Share Your Findings / Comments and Contact details

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IF NO: Comment Reasons Why

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DOES THE SITE / PROJECT HAVE AN ISSUE WITH THE WAYLEAV

IF YES: Share Your Findings / Comments and Contact details of the affected/concerned party

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WILL THE IMPLEMENTATION TEAM (CASUALS) REQUIRE ACCOMMODATION

IF YES: Share Your Findings / Comments, accommodation rates and Contact details of the property owner (landlord/landlady) where the casuals are to be hosted.

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HAVE YOU ESTABLISHED A HEALTH FACILITY NEAR THE SITE LOCATION

IF YES: Share Your Findings / Comments and Contact details in case of any emergency

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HAVE YOU IDENTIFIED ANY RISKS AT SITE

IF YES: Share Your Findings / Comments

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HAVE YOU FILLED THE RISK MANAGEMENT CHECKLIST

IF YES: Share Your Findings / Comments (Attached the checklist)

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IF NO: Comments on reasons why

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Prepared By:

Name: .....

Signature.....

Date: .....