

MINI-ROTL INITIALIZATION

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1. GENERAL INFORMATION

1.1 Description: This section provides fusing, cross connect verification and miscellaneous tests to be applied to the No. 3 ESS Mini-Remote Office Test Line.

1.2 Sequence of Operations: The verifications and operations specified per this section must be performed in the order presented.

1.3 PRECAUTIONS

PRECAUTION 1: To prevent damage to the circuit packs, it is imperative that the CP number agree with the CP number of the tray location used. Any mismatch of pack and connector may cause serious damage.

PRECAUTION 2: Do not remove or replace circuit packs without first removing power. Power is removed by releasing the PWR OFF key.

PRECAUTION 3: When circuit packs are removed for any reason, or when the extender is used, extreme care must be used in replacing them to prevent bending of the backplane pins. The pins in the backplane are somewhat fragile and are easily bent. The circuit pack should be slid into its slot until the pins of the backplane begin to engage the circuit pack connector. Using even thumb pressure on both of the card ejectors, engage the pins of the backplane with the circuit pack connector. It will slide smoothly with a perceptible tension as the pins and connector are engaged. When properly seated the card ejectors will almost rest against the housing.

2. RECORDS AND REQUIREMENTS

2.1 Records

2.1.1 Results of tests covered in this section shall be recorded on Form SD-97-1313 and summarized on Form SD-97-1315.

2.2 Requirements

2.2.1 Tests in this section meet requirements of SD and CD information.

3. TEST EQUIPMENT

3.1 Test Sets

<u>Amt</u>	<u>ITE</u>	<u>Description</u>
1	4442A	Volt-Ohmmeter
	or	
1	5356	Digital Volt-ohmmeter
1	5590	Fuse Alarm Verification Test Set

4. BACKPLANE VERIFICATIONS

4.1 Observe the wiring side of the backplane, the staked pins should be straight and parallel to adjacent pins. Pins bent or touching must be aligned.

4.2 Bent pins may sometimes be straightened by carefully bending them back into line with the removal tool, nonserated long nose pliers or an orange stick. Where difficulty occurs, the pin must be replaced. (See Section 613, Paragraph 5 for replacement procedures.) Bent pins are to be straightened using the procedure per Paragraph 4.3, 4.4 or 4.5.

NOTICE - NOT FOR USE OR DISCLOSURE OUTSIDE THE BELL SYSTEM EXCEPT UNDER WRITTEN AGREEMENT

- 4.3 If the pin is bent near the board, place the orange stick tip under the bent side and carefully move the orange stick to straighten the pin.
- 4.4 If the pin is bent at a point above the board, grasp the pin on the bent sides with the nonserated long nose pliers so the tip is near the board and squeeze the pliers while bringing the pliers to the proper position. Also, the pin can be held in the pliers so that the tip of the pliers is at the major point of the bend. Pull slightly on the pliers as the pin is straightened to the proper position.
- 4.5 If the pin is bent, slide the R-4761 Removal Tool so that the tip is at the major point of the bend. Rotate the tool so as to straighten the pin to the proper position.

## 5. CROSS CONNECTION INFORMATION

- 5.1 The telephone line cabling and cross connections shown in Table 1.
- 5.2 The strapping on CP-17 should be done per telephone company instructions.

## 6. DATA ASSIGNMENTS AND RECORDS

- 6.1 If the ROTL is to be incorporated at the time of the initial No. 3 ESS installation, the following forms must be completed and submitted to the WECO Regional Data Center as a part of the ODA run.

### 6.11 ROTL Office

3100 Telephone Number Table: This form is used to make the following assignments:

- (a) Assign a directory number line class code (LCC), and TEN for ROTL access number. A route index must be specified for routing calls to ROTL.
- (b) Assign a directory number and TEN for use by the TUT front end. Specify a line class code that denies termination.
- (c) Assign a directory number and TEN for connection appraisal front end. Specify dial pulsing only and a line class code to deny termination.

The above lines must be arranged to inhibit the ALIT routines. (This indicator may be located in Form 3100 - Telephone Number Table or Form 310-7 - Supplementary Information Table. This has not yet been decided.

3201-2 Trunk Assignment Table: Assign a TEN for the ROTL front end. This circuit is assigned as if it were a tone circuit group with one member. Trunk group 103 is specified.

Up to eight directory numbers can be assigned as security callback numbers.

3303-2 Route Index Expansion Table: This form is used to define a route index to be used for routing incoming ROTL calls to the ROTL access port. Entry type 37 must be specified.

### 6.12 No. 3 ESS Serving as a Far-End Office

3100 Telephone Number Table: This form is used to specify two directory number and TENs for the far-end 105-type test lines. Series completion must be specified, and a line class code must be specified which will deny origination on these lines.

- 6.13 When the ROTL is to be incorporated in an existing No. 3 ESS, the following recent change messages must be used to make the necessary software assignments.

RC:LINE This message is used to make the following assignments:

- (a) ROTL access number - a ROTL route index must be specified.
- (b) TUT front end - directory number and TEN - a line class code must be specified to deny termination to this line.
- (c) Connection appraisal front end - directory number and TEN. Specify dial pulsing and a line class code to deny termination.
- (d) 105-type test lines - specify two directory numbers and TENs for the two far end 105-type test lines. A line class code must be specified to deny origination.

RC:GRP This message is used to assign a TEN for the RoTL front end. This circuit is assigned as if it were a tone circuit group containing one member. Trunk group 103 is specified.

RC:RT1 This message is used to assign a route index for all outgoing trunks assigned to ROTL and for calls to the 105-type test line.

RC:TTY This message is used to assign a TTY controller and port for use by the ROTL feature.

7. FUSING AND POWER

7.1 Disengage all circuit packs and slide them approximately 2 inches forward (out).

7.2 Using a Volt Ohmmeter, at the fuse panel verify that the fuse post associated with ROTL is free from foreign battery and ground.

7.3 Insert the ITE-5590 into the vacant -48 Volt fuse holder associated with ROTL, verify that the fuse alarm sounds and that the fuse alarm lamp associated with that fuse lights. Also verify that the aisle pilot lamp lights.

7.4 Install the fuse. When the fuse is installed, check the -48 volt is present on CP-19, pin 13 and 14.

7.5 Engage CP18 CP14, CP19, CP12, CP5, CP6, CP7, CP15, CP16, CP17, CP20, CP21, and the 208G and 208B Power Units with their respective connectors.

7.6 Momentarily operate the PWR OFF key on CP19, and the PWR OFF LED extinguishes. Verify that the following LED's on CP-19 lighted: +15, -15, +12, -12, +5, -5.

7.7 The RUN LED on CP18 blinks at a rate of approximately once per second. The DIAG ENAB LED on CP18 may be lighted or extinguished. If the RUN LED does not blink, operate the IDAG ENAB dip switch on CP18 (back), the DIAG ENAB LED lights. Momentarily operate the RST key on CP18. If the RUN LED still does not blink, one at a time replace CP18 and CP14 following the circuit pack replacement procedure per Section 613.02, Paragraph 1.5. Also check for bent pins that mate with CP18 and CP14 on the circuit pack side of the back-plane.

7.8 Using a Volt-Ohmmeter, verify the proper voltage is measured between the RTN test point and each of the voltage test points on each power supply. The voltage readings should be within the following requirements. These voltage levels may be adjusted by a calibration potentiometer located near the top edge of the power unit.

<u>VOLTAGE</u>	<u>HIGH</u>	<u>LOW</u>
+5.1V	5.35V	4.85V
+12V	12.36V	11.64V
+15V	15.45V	14.55V

ATTACHMENT  
TABLE 1 on Page 4

Manager, Product Engineering  
Control Center

Reason for Reissue  
To change Paragraph 7.8

TABLE 1  
ROTL TELEPHONE LINE CONNECTIONS

TYPE	LEADS	J4-CONNECTOR	DESCRIPTION
Originating (Only)	CAT CAR	10 9	Used for connection appraisal test only.
Terminating	RT RR	13 14	CAROT Access Port (Used as ROTL access port and test access.)
Terminating (Only)	TCN1 RCN1	17 18	1st 105 Test Line
Terminating (Only)	TCN2 TCN2	15 16	2nd 105 Test Line
TUT Port	TUT T TUT R	11 12	Trunk Under Test.



STATE OF OHIO  
 BUREAU OF WORKMEN'S COMPENSATION

Attending Physician's Report and Fee Bill

**INSTRUCTIONS FOR PHYSICIAN:** Complete and sign this medical report and fee bill in triplicate. Mail two copies to the self-insuring employer as shown below. The third copy is for your records. Please execute and return this form promptly to prevent delay in the payment of compensation.

Employee: .....	Date of Injury: .....
Return this completed form to: .....	
(Employer's name and address)	

1. Date of first treatment rendered by you ..... Employee's attending physician will complete
2. Give diagnosis and description of injury ..... this form (c.f. paragraph 4.09 of this C.I.)
3. Is there evidence of head injury? ..... Back injury? ..... Hernia? ..... Infection? ..... Exaggeration? .....
4. Estimate date claimant will be able to return to work .....
5. Has injury resulted in permanent disability? ..... If so, what .....
6. Describe any previous injury or condition contributing to claimant's present disability .....
7. Give name and address of others rendering service:
  - (a) Assistant .....
  - (b) Consultant .....
  - (c) Anaesthetist .....
  - (d) Hospital .....
  - (e) X-Ray .....
  - (f) Ambulance .....
  - (g) Special Nurse .....
8. Is further treatment necessary? .....

**ITEMIZED FEE BILL FOR SERVICES TO DATE**  
 To be submitted in accordance with Bureau's fee schedule.

Date	Where Rendered	NATURE OF TREATMENT	Amount
<b>TOTAL</b> .....			

If this bill or any part of it has been paid indicate credit here.....

Designate by whom paid .....

I hereby certify that all the treatments covered by fee bill above were rendered solely on account of injury described above and were rendered by me personally or under my personal direction.  
(If interns or hospital resident, please so state.)

.....  
(Signature of Physician)

Street Address.....

City or Town.....

Form C-100

**STATE OF OHIO**  
**BUREAU OF WORKMEN'S COMPENSATION** (Bureau No.)  
**CLAIMS SECTION**

No. ....

Name .....

} **SUPPLEMENTAL REPORT OF EMPLOYER,**  
**(Section 22)**

The undersigned employer submits for the consideration of THE BUREAU OF WORKMEN'S COMPENSATION the following report as to the status of the above numbered claim:

1. Agreement has not yet been filed for the following reason: .....

For use of this form, see paragraph

4.08 of this C.I.

2. Final report has not yet been filed for the following reason: .....

3. What has been done by you to make settlement in accordance with the Compensation Act? .....

4. Has any compensation been paid to claimant? If so, how much and when? .....

5. Is claimant now being paid compensation? .....

6. Have medical expenses been paid? .....

7. When do you expect to file agreement? .....

Remarks: .....

.....  
(Employer)

Date of this Report .....

By .....

**INSTRUCTIONS**

If monthly report, agreement (in case of permanent partial disability or death), or final report is not filed within one (1) month after date of injury, fill out this form fully and mail to the Claims Section of the Bureau.