

STATION INSTALLATION AND MAINTENANCE  
INSPECTION

1. GENERAL

- 1.01 This practice outlines the policy and procedure to be followed by outside plant foremen and their immediate supervisor in the inspection of station installation and maintenance work performed by outside installers and repairmen under their supervision.
- 1.02 The procedures stated in this practice will be most helpful in providing reliable and courteous service to the customer, and in assuring the craftsman that management has an interest in him and the quality of his work.
- 1.03 Evaluation of the work performance, thoroughness, and customer attitude of the craftsman must be performed, utilizing (as a check list) Form 2809 Station Installation & Maintenance Inspection. See Exhibit I.
- 1.04 For practical purposes, the individual assuming the duties of the plant foreman's immediate supervisor, shall be referred to as Plant Superintendent.

2. INSPECTING PROCEDURES

- 2.01 Each month the outside plant foreman shall:
  - a. Inspect two work locations for each craftsman under his supervision.
  - b. Review the results of each inspection with the responsible craftsman. If corrective action is required, it will be corrected as soon as practicable. *The foreman and craftsman will then sign Form 2809.*
  - c. Upon completion, the plant foreman will forward the Form 2809 to the Plant Superintendent.
- 2.02 The Plant Superintendent shall:
  - a. Inspect two or more work locations previously inspected by each plant foreman, within a three-month period. Should the inspection reveal that corrective action is required, appropriate measures will be taken to remedy the unsatisfactory conditions found at the work location.

3. FORM ORDERING INFORMATION

- 3.01 Form 2809 is available in pads of 100. Order from the Stationary Storeroom, 16071 Mojave Drive, Victorville, California 92392.

EXHIBIT I

STATION INSTALLATION & MAINTENANCE INSPECTION					FORM 2800 REV. 1/69
EMPLOYEE NUMBER		EMPLOYEE NAME			
DISTRICT		FOREMAN OR SUPERINTENDENT			
NAME (Customer)			ADDRESS (Street)		(City)
TELEPHONE NUMBER	CLASS OF SERVICE	ZONE	SERVICE ORDER NUMBER	DATE COMPLETED	
INSTALLATION <input type="checkbox"/> NEW <input type="checkbox"/> RECONNECT <input type="checkbox"/> REINSTALL OTHER _____ <input type="checkbox"/>	OTHER <input type="checkbox"/> INSIDE MOVE <input type="checkbox"/> TAKE OUT <input type="checkbox"/> NO. CHANGE	ROUTINE <input type="checkbox"/> PBX <input type="checkbox"/> TELETYPE - DATA <input type="checkbox"/> COIN TELEPHONES	REPAIR <input type="checkbox"/> TROUBLE REPORTED WITHIN 30 DAYS <input type="checkbox"/> REPEATED COMPLAINT <input type="checkbox"/> SPECIAL INSPECTION		
SERVICE ORDER/REPAIR	ITEMS	SATISFACTORY	UNSATISFACTORY	REMARKS	
	TYPE OF TELEPHONE	<input type="checkbox"/>	<input type="checkbox"/>		
	LOCATIONS	<input type="checkbox"/>	<input type="checkbox"/>		
	CLEAN UP UPON COMPLETION	<input type="checkbox"/>	<input type="checkbox"/>		
	DIRECTORY LEFT	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
	DIRECTORY EXPLAINED	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
	SALES ATTEMPT MADE	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
CUSTOMER ACCEPTANCE	EMPLOYEE APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>		
	EMPLOYEE ATTITUDE	<input type="checkbox"/>	<input type="checkbox"/>		
	REACTION TO THIS VISIT	<input type="checkbox"/>	<input type="checkbox"/>		
	ITEMS CHECKED	GOOD	REVISIT REQUIRED	REMARKS & ACTION REQUIRED	
	<input type="checkbox"/> DROP	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> PROTECTOR	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> GROUND	<input type="checkbox"/>	<input type="checkbox"/>		
INSPECTION	<input type="checkbox"/> STATION WIRING	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> INSTRUMENTS	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> BOOTH	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> TERMINAL(S)	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> OTHER (KEY EQPT. ETC.)	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> EMPLOYEE ON JOB AT INSPECTION	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
	<input type="checkbox"/> SAFETY PRECAUTIONS OBSERVED	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<input type="checkbox"/> FOLLOW-UP REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
INSPECTION MADE BY		DATE OF INSPECTION		DATE CORRECTION COMPLETED	
DATE DISCUSSED WITH EMPLOYEE		EMPLOYEE SIGNATURE			