

# **APPENDIX 'F'**

## **NETWORK COMMISSIONING REPORT**

# NETWORK COMMISSIONING REPORT

**FIELD INSTRUCTIONS: Preferred Best Practice**

1. Construction Foreman to contact Customer Service Center Supervisor upon completion of project.
2. Customer Service Center Supervisor to provide a delegate that will review project details with Construction Foreman in the field.
3. Delegate to identify deficiencies and record on report. If project is accepted as complete proceed to Step 5.
4. Construction to complete deficiencies and review with delegate.
5. Once project deemed acceptable delegate to sign under "Accepted as complete by Customer Service Center Representative"
6. One copy of report to be attached to working file.
7. One copy of report to be forwarded to Customer Service Center Supervisor with close out package.
8. Construction Manager to sign under "Accepted as Complete by Construction Manager" and file with final close out package.

|                     |            |   |  |                                       |  |
|---------------------|------------|---|--|---------------------------------------|--|
| Network number      |            | Description   |  |                                       |  |
| Foreman name (line) |            | Foreman name (pole)   |  | Foreman name (underground)            |  |
| IN-SERVICE DATE     | yyyy mm dd | Plan attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Built as estimated<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Field Supervisor responsible for work |  |

**GENERAL COMMENTS**

|  |            |
|--|------------|
| Prepared by (Construction Coordinator/Foreman) : Network Authenticated Signature | yyyy mm dd |
|--|------------|

|                |
|----------------|
| Network number |
|----------------|

| WORK CATEGORIES              | APPLICABLE |    | STATE ALL DEFICIENCIES OR DISCREPANCIES | CORRECTIONS COMPLETED |            |
|------------------------------|------------|----|---|-----------------------|------------|
|                              | Yes        | No |   | Department            | yyyy mm dd |
| Poles                        |            |    |   |                       |            |
| Primary System               |            |    |   |                       |            |
| Secondary System             |            |    |   |                       |            |
| Transformer                  |            |    |   |                       |            |
| Equipment Data               |            |    |   |                       |            |
| Street Lights                |            |    |   |                       |            |
| Connect/ Disconnects         |            |    |   |                       |            |
| Regulator                    |            |    |   |                       |            |
| Capacitors                   |            |    |   |                       |            |
| URD Secondary                |            |    |   |                       |            |
| URD Primary                  |            |    |   |                       |            |
| Terminals                    |            |    |   |                       |            |
| Materials Location/Condition |            |    |   |                       |            |
| Site Condition               |            |    |   |                       |            |
| Sub Transmission System      |            |    |   |                       |            |
| Transmission System          |            |    |   |                       |            |
| Station System               |            |    |   |                       |            |
| GPS Locations Synchronized   |            |    |   |                       |            |

|  |            |  |            |
|--|------------|--|------------|
| <b>SIGN OFFS (Network Authenticated Signatures):</b>   |            |  |            |
| Deficiencies identified by (Customer Service Center Representative)                            | yyyy mm dd | Corrections completed by                       | yyyy mm dd |
| <b>WORK COMPLETION</b>   |            |  |            |
| I hereby accept the Construction and Workmanship of this Order and Consider it to be Complete. |            |  |            |
| Accepted as complete by (Customer Service Center Representative)                               | yyyy mm dd | Accepted as complete by (Construction Manager) | yyyy mm dd |