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 Fault

ELISA HANDS ON SITE SERVICE

Customer details		
Company name	Customer Reference no (cancellation)	Elisa Reference no
Invoicing address		Zip Code & Town/City
Contact person		
Name	Phone (Direct)/Mobile	E-mail
Provisioning team/Technical contact person		
Name	Phone (Direct)/Mobile	E-mail
Requested installation/removal date		E-mail
Preliminary preparations and remarks for field technician (eg.address of the spare parts´ fetching point, phone contact time in GMT+2). If necessary, please continue in additional information space in page 2		
Housing details		
Street address		Zip Code & Town/City
Location	ODF/Backbone fibre	Row/Bay/Rack/Tray
Equipment	Line card/Module	Slot/Port/Pin/Fibre pair

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Connection service							
<input type="checkbox"/> Cable installation <input type="checkbox"/> patch cables <input type="checkbox"/> riser cable <input type="checkbox"/> Replace patch cables <input type="checkbox"/> Disconnect	<input type="checkbox"/> Cable check (disconnect cable-clean connectors-connect cable) <input type="checkbox"/> Transfer <input type="checkbox"/> Other:						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Cable type</th> <th style="width: 75%;">Connector</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Fibre (single mode)</td> <td> <input type="checkbox"/> SC <input type="checkbox"/> LC/UPC <input type="checkbox"/> FC/UPC <input type="checkbox"/> ST <input type="checkbox"/> MTRJ </td> </tr> <tr> <td><input type="checkbox"/> Fibre (multi mode)</td> <td> <input type="checkbox"/> SC/APC <input type="checkbox"/> LC/APC <input type="checkbox"/> FC/APC <input type="checkbox"/> LSH/APC <input type="checkbox"/> Other </td> </tr> </tbody> </table>	Cable type	Connector	<input type="checkbox"/> Fibre (single mode)	<input type="checkbox"/> SC <input type="checkbox"/> LC/UPC <input type="checkbox"/> FC/UPC <input type="checkbox"/> ST <input type="checkbox"/> MTRJ	<input type="checkbox"/> Fibre (multi mode)	<input type="checkbox"/> SC/APC <input type="checkbox"/> LC/APC <input type="checkbox"/> FC/APC <input type="checkbox"/> LSH/APC <input type="checkbox"/> Other	
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Site/equipment check							
<input type="checkbox"/> Check site conditions, equipment status (LEDs front/rear panels) <input type="checkbox"/> Equipment restart (off/on)	<input type="checkbox"/> Other						
Equipment job							
<input type="checkbox"/> Physical loop on interface (please tick the appropriate connector type above) <input type="checkbox"/> Performance test (please specify) <input type="checkbox"/> Fault repair (replace linecard/module) <input type="checkbox"/> Other							
Additional Information							
Specifications and remarks							