

Technician info	Equipment	Business customer info	ODU location evaluation		
FSM ID: _____ Tech name: _____ Tech ID: _____ Dealer name: _____ Survey date: _____ Survey time: _____	Circle modem type: SB2 SB2+ Data Location: _____ Floor: _____	Business name: _____ Address: _____ _____ City: _____ State: _____ Zip: _____ Phone: _____ Contact name: _____	Non-pen	Yes	No
			Pole mount	Yes	No
			Other (explain): _____		

Persistent IPs	COAX cable type used			Cable point of entry		
1.		Standard	Plenum	Pre-existing conduit (j-tube, witches hat/flashing, pitch pan)	Yes	No
2.	RG-6	<input type="checkbox"/>	<input type="checkbox"/>			
3.	RG-11	<input type="checkbox"/>	<input type="checkbox"/>			
<i>For questions about Persistent IPs, call Customer Business Care at: 1-855-313-4111</i>	Other	<input type="checkbox"/>	<input type="checkbox"/>	Roof penetration (MUST BE PERFORMED BY ROOFER)	Yes	No
	Total cable length: _____					

Front and right of building	Left and back of building	Grounding
		1. Ground Bus or IBT <input type="checkbox"/> 2. #4 or #6 bare copper wire <input type="checkbox"/> 3. Metal conduit <input type="checkbox"/> 4. Electrical panel clamp <input type="checkbox"/> 5. Main building frame/i-beam (inside) <input type="checkbox"/> 6. Main water pipe (within 5ft of entry) <input type="checkbox"/> Notes: _____

Point of contact signature:	Landlord signature (if applicable):	Technician signature:
X	X	X

***I agree to the scope of work and have obtained landlord permission for this installation:** Yes

**Landord permission must be checked and this form signed before the installation begins.*