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Papeleo

Visión General

Esta guía de capacitación presenta información sobre el contenido de la orden de trabajo. Esta guía de capacitación también analiza la documentación adicional que se utiliza en operaciones de servicio de campo.

Objetivos

Después de completar esta guía, los participantes serán capaces de:

- Explicar el contenido de la orden de trabajo.
- Explicar cómo llevar a cabo una orden de trabajo.

Después de completar esta guía, los participantes serán capaces de:

- Describir cuándo la siguiente documentación se va a utilizar y su contenido:
 - Carátula de Orden de trabajo en el Campo de Servicio
 - Serializado Formulario de Control de Activos
 - Registro de los Ingresos Diarios
 - Reemplazo de Extensión Subterráneo
 - Formulario de Referencia de Construcción.

Estructura

Esta guía es organizada en dos partes:

- La Orden de Trabajo
- Papeleo Adicional



Esta sección es parte de la Guía de Entrenamiento de Nuevos Empleados.

Completar una Orden de Trabajo

Esta sección proporciona información sobre la orden de trabajo y se describe lo siguiente:

- Propósito de la orden de trabajo
- El contenido de una orden de trabajo
- Finalización de una orden de trabajo

Propósito de la Orden de Trabajo

El documento más importante con el que usted va a utilizar todos los días es la Orden de Trabajo. Esta forma le dice lo que tiene que hacer y donde tienen que hacerlo. La Orden de Trabajo también sirve como el documento que verifica que el trabajo ha sido completado.

Papeleo

La orden de trabajo se considera el contrato vinculante entre el *MSO* y el cliente. Es esencial que el cliente firme la Orden de Trabajo para reconocer la aceptación de los términos y condiciones que se indican en la parte posterior, que el trabajo se completó y custodia de los convertidores y otros equipos que él / ella ha recibido.

La Orden de Trabajo es el documento principal que se utiliza por el personal de *back-office* para averiguar lo que pasó en el campo. El personal de la oficina requiere esta información con el fin de facturar a los clientes por el servicio recibido y para rastrear el estado actual de los clientes.

La orden de trabajo es en realidad una forma de 4 partes por duplicado:

1ra página - Blanco: Entrada de datos y regreso con la portada FS al final del día.

Segunda página - Amarillo: copia duplicada para el técnico para entregar para la facturación.

Tercera página - Rosa: copia duplicada para el cliente.

El contenido de la orden de trabajo dependerá del tipo de trabajo. Hay diferentes tipos de órdenes de trabajo para los diferentes puestos de trabajo:

Instalación (*INSTALL*) / Cambio de servicio (*CHG SVC*) / Reiniciar (*RESTART*)

Desconexión (*DISCONCT*): Voluntaria o no voluntarias

Problemas de llamadas (*CALL TBL*)

Solicitud de Orden Especial (*SPCL REQ*)

Contenidos de una orden de trabajo

En las siguientes páginas, usted se va a familiarizar con el formato de la Orden de Trabajo con el fin de completar el formulario.


Instalación / Cambio del Servicio/Reinicio de la Orden de Trabajo

CABLEVISION WWW.CABLEVISION.COM YORKTOWN 914-962-4444

7803-298499- 8 DUAL 03/03/06 11AM-2PM INSTALL **2**
 LENTOL , MARIE **1** START 11:05 END TIME 1:50 TECH# 402 JOB# 38
 212 BABBITT RD # 512 SALES ID 242 R/A: 0/N TECH# 500 JOB# 15
 BEDFORD HILLS NY 10507

HM# 9143934082 BS#
 CURRENT SERVICES PENDING SERVICES
 OZ 1 Bring SA HD Box
 1X 1 Free OV/DOL Ins
 2G 1 DV Modem
 4D 1 Use ExistingWire
 4Q 1 FreeOOL/wVid
 64 1 9.95 Promo Inst
 7D 1 InterconnectJck
 F2 1 TripleDoubleOV
 FY 1 TrpPLiOFanOOL12M
 J5 1 HBD1mo


ADD'L MONTHLY SERVICE CHARGES \$ 89.85
 ONE-TIME INSTALL CHARGES \$ 99.93
 BALANCE DUE AT INSTALL \$ 99.80
 ADD'L OUTLETS OVER 3 ARE \$ 21.95 EA
 TOTAL A/D (OVER 3) INSTALLED: X
 CUSTOMER INITIALS: N/A

WRITE HFC MAC ID INSIDE THIS SQUARE
 HFC MAC ID: 0000037E804


Serial: SABGZQZHZ ***** EQUIPMENT *****
 IN IN
 OUT P OUT
 M/T 13-JAN-06 F M/T

IN IN
 OUT P OUT
 M/T F M/T

IN IN
 OUT F OUT
 M/T F M/T

CONVERTERS: ADD REMOVE O DH:UG:0 IWIP: X=TOURING COD\$105.54
 MODEMS: ADD REMOVE O PF-AREA: 3
 NDS CARDS: ADD REMOVE O IVR:
 GROUND: PO POLE# 9999 MAP: I22N SI: ID/ResIdNOTRq
 AMPERAGE: 6
 DROP CERT: P/F 0130902
 WORK PTS: 28
 TAG: K719131 NEW TAG:  IH/C: **Platinum Service Area**
 NODE/CENSUS: B6505A CL
 STATUS: COMP/RESCH/NOT DONE/CANCELLED
 RF LEVELS: CH2 11.1 CH12 17.9 CH13 13.1 CH30 13.1 CH7B/83 17 CH7 8 CH116 11.2

COMMENTS: Installed two outlets / 1-HDTV and 1-OV modem
 MT ZIP: 10507
 CUST ID/TYPE: 20

Optimum Voice Customers: In the event of a power outage, and providing you do not have battery backup on your modem, you will not have access to E911 service. Additionally, if you relocate the modem to a different address, you must notify Cablevision in advance to ensure that E911 service will work properly. If your service is disconnected by Cablevision, or if the service is interrupted, you will not have E911 access.

I acknowledge that I have read and understand the limitations regarding Optimum Voice E911 service as outlined above.

Enhanced Wiring Customers: Limitations are included on the back of this work order.

I acknowledge that I have contacted / chose not to contact (circle one) my central station monitoring provider to test and verify my security system is in good working order. I agree that confirming the good working order of my security system is my responsibility and agree to follow-up with my central station monitoring provider to update my records and for further testing, if necessary. I understand that I am responsible for any additional work required to ensure the proper operation of my security system if I choose not to test and verify my security system at this time.

CUSTOMER ACCEPTANCE
 Thank you for choosing Cablevision's family of Optimum services. Please confirm your satisfaction with installation/repair of the Optimum product(s), verify all equipment and receipt of user guides for your Optimum product(s) prior to signing this document. Please note: charges listed may not include franchise fees, taxes, equipment and other charges. Promotional offerings subject to terms (i.e. length of promotion) provided at time of sale. By signing below, Customer acknowledges that all information on both sides of this Work Order, including E911 notification and enhanced wiring limitations, has been read and agreed to.

Signed Customer Signature B Date 3/3/06 CC Tech Initials C.W.H.
 DATA ENTRY

Sample Install Work Order

Papeleo

La instalación/cambio del Servicio/Reiniciar/Desconexión tiene el contenido siguiente:

Cualquier descripción en negro es requerido para ser llenado (si es aplicable).

Description		Work Order Content (example)													
1	Account Number (Corp #-Account #-Customer #)	7801- 63005- 2													
	Customer information: NAME, ADDRESS, TOWN, STATE, ZIP, HOME & BUSINESS #.	DOE, JOHN 123 CABLEVISION WAY BETHPAGE NY 11714 HM# 5168030000 BS#:													
2	Scheduled Date, Time Frame & Type of job	09/29/04 8AM-11AM INSTALL													
	START: The arrival time at the job END TIME: The time the technician is ready to depart job. Note: The total length of time to complete the job should include all time spent on the job with the exception of travel. Technician number and Job #	START: ____ END TIME: ____ TECH# 123 JOB# 123													
	Sales Rep ID Number	SALES ID 721 R/A: Y/N TECH#: ____ JOB# ____													
	Job Reassigned: Yes/No If Yes, enter new Technician # & Job #														
3	Estimated Monthly, additional service and one time installation charges (does not include any equipment charges)	CURRENT MONTHLY CHARGES \$102.07 ADD'L MONTHLY SERVICE CHARGES \$132.02 ONE-TIME INSTALL CHARGES \$ 30.00													
	Balance due at time of installation	BALANCE DUE AT INSTALL \$													
4	Enter total additional outlet (s) installed above 3 outlet and space for required customer initials, if additional outlet(s) were installed. Enter 0 if no additional outlets were requested.	ADD'L OUTLET INSTALL OVER 3 ARE \$ 19.95 EA													
		TOTAL A/O (OVER 3) INSTALLED: ____ CUSTOMER INITIALS ____													
5	Current service(s) the customer has	CURRENT SERVICES													
6	Pending change or service to install, added or removed. (Install rate codes and long description)	PENDING SERVICES													
		21 1 ChangeofService 87 1 iO Navigation 01 1 HBO													
7	Place modem sticker on all work orders, write HFC MAC ID if stickers unavailable.	<table border="1"> <tr> <td>WRITE HFC MAC ID INSIDE THIS SQUARE AND PLACE NEW MODEM STICKER HERE</td> </tr> </table>	WRITE HFC MAC ID INSIDE THIS SQUARE AND PLACE NEW MODEM STICKER HERE												
WRITE HFC MAC ID INSIDE THIS SQUARE AND PLACE NEW MODEM STICKER HERE															
8	Place equipment sticker(s) on all work order copies and/or circle appropriate letter for task performed (if applicable):	*****EQUIPMENT*****													
		<table border="1"> <tr> <td>IN</td> <td>if installed</td> <td></td> </tr> <tr> <td>OUT</td> <td>if removed</td> <td></td> </tr> <tr> <td>M/T</td> <td>if move/transfer</td> <td></td> </tr> <tr> <td>P</td> <td>Signal Level for new or existing equipment on account: Pass (P) or Fail (F)</td> <td></td> </tr> <tr> <td>F</td> <td></td> <td></td> </tr> </table>	IN	if installed		OUT	if removed		M/T	if move/transfer		P	Signal Level for new or existing equipment on account: Pass (P) or Fail (F)		F
IN	if installed														
OUT	if removed														
M/T	if move/transfer														
P	Signal Level for new or existing equipment on account: Pass (P) or Fail (F)														
F															
9	List total quantity of equipment added &/or removed from account	CONVERTERS: ADD ____ REMOVE ____ MODEMS: ADD ____ REMOVE ____ NDS CARDS: ADD ____ REMOVE ____													
10	Aerial Drop™ Overhead™ (OH) or Underground (UG) feed	OH: UG													
	F/T AREA: Franchise/Tax Area info	F/T AREA: 4													
	IVR: If closed by Dispatch enter Vero code, if closed by IVR check off (✓)	IVR: ____													
11	Indicate grounding to one of the following:	GROUND: ____ POLE # ____ RT: 73													
	<table border="1"> <tr> <td>Common</td> <td>(#6 wire) "Split bolt"</td> </tr> <tr> <td>Cold</td> <td>Cold water pipe</td> </tr> <tr> <td>Out</td> <td>Load side of electrical meter</td> </tr> </table>		Common	(#6 wire) "Split bolt"	Cold	Cold water pipe	Out	Load side of electrical meter							
	Common		(#6 wire) "Split bolt"												
	Cold		Cold water pipe												
Out	Load side of electrical meter														
Pole # information RT: Route: Sales route info															
Amperage at the ground block? Warning: if > 1 Amp stop immediately/contact supervisor Map: Info can vary corp. specific Tap: ____ ? Info can vary corp. specific	AMPERAGE: ____ MAP: F13 TAP: ____														

12	Drop Certification: Pass or Fail, if unable to pass escalate to Supervisor Total Work Points assigned to this job	DROP CERT: <u> </u> P / F <u> </u> WORK PTS: 12	
13	Tag number at tap. Write ID tag # and place barcode sticker on white copy	TAG: 474997W NEW TAG: _____	
14	Node & Census info Signal leakage levels (Cumulative Leakage Index) reading: <u> </u> ?	NODE/CENSUS: B6505A CLI _____	
15	Order Status: Circle appropriate status: If not complete contact Dispatch immediately	STATUS: COMP / RESCH / NOT DONE / CANCELLED	
16	Work In Progress (WIP): Information that is important to the nature of the work.	WIP: DROPLINE DELIVER OOLKIT SELFINSTALL	
17	Special Instructions (SI): Any special instructions that you need to be aware of prior to starting the work.	SI: Knock Hard Ring Bell	
18	House Comment: can be cross street, main streets nearby or general information.	H/C: X=Cynthia LN	
19	RF Signal Levels: for system specific channels	RF LEVELS: CH2__CH12__CH21__CH36__CH78/83__CH87__CH116 _____	
20	Add comments as needed Customer ID type and the Number associated with ID if required Old Move Transfer Zip if move transfer order	COMMENTS: _____ CUST ID/TYPE: _____ MT ZIP: _____	
21	Space for Order Status if change has occurred. Will only appear if order change occurs.	THIS JOB HAS BEEN RESCHEDULE D	
A	Same on all Work Orders	Place for OV customers to initial they have read and acknowledge E911 service limitations	<p>Optimum Voice Customers: In the event of a power outage, and providing you do not have battery backup on your modem, you will not have access to E911 service. Additionally, if you relocate the modem to a different address, you must notify Cablevision in advance to ensure that E911 service will work properly. If your service is disconnected by Cablevision, or if the service is interrupted, you will not have E911 access.</p> <p><input type="checkbox"/> I acknowledge that I have read and understand the limitations regarding Optimum Voice E911 service as outlined above.</p>
		Place for OV Enhanced Wiring customers to initial they have read and acknowledge service limitations	<p>Enhanced Wiring Customers: Limitations are included on the back of this work order</p> <p><input type="checkbox"/> I acknowledge that I have contacted/ chose not to contact (circle one) my central station monitoring provider to test and verify my security system is in good working order. I agree that confirming the good working order of my home security system is my responsibility and agree to follow up with my central station monitoring provider to update my records and further testing, if necessary. I understand that I am responsible for any additional work required to ensure the proper operation of my security system if I chose not to test and verify my security system at this time.</p>
B		Section for customer to sign and date work order. Tech Initials: Technician initials to attest to have performed the work listed on the work order.	<p>CUSTOMER ACCEPTANCE</p> <p>Thank you for choosing Cablevision's family of Optimum services. Please confirm your satisfaction with installation/repair of the Optimum product(s), verify all equipment and receipt of user guides for your Optimum product(s) prior to signing this document. Please note: charges listed may not include franchise fees, taxes, equipment and other charges. Promotional offerings subject to terms (i.e. length of promotion) provided at time of sale. By signing below, Customer acknowledges that all information on both sides of this Work Order, including E911 notification and enhanced wiring limitations, has been read and agreed to.</p> <p>Signed _____ Date _____ QC _____ Tech Initials _____</p>

Orden de Trabajo de Llamada de Contratiempo

CABLEVISION WWW.CABLEVISION.COM YORKTOWN 914-962-4444
 YONKERS/PORTCHESTER/HARRISON 914-378-8900

7803-279414- 2 DUAL. 03/03/06 5PM-8PM TBL CALL
 SIMPSON ,RAYMOND START 5:00 END TIME 6:00 TECH#522 JOB#10C
 31 PLUMBROOK RD OPR ID DDN R/A: Y/N TECH# JOB#
 KATONAH NY 10536 ORDER DATE 03/01/06

HM# 9142321026 BS# SERVICES TASKS HISTORY
 30 1 Family Packet Loss 06/20/04 TBL CALL COMPLETE
 3F 1 OOL FamilyorAbv Informed of Charge 520
 Modem OOLFamily 5
 Cust Req Truck Roll 05/10/04 INSTALL COMPLETE
 222
 04/23/04 DISCONCT COMPLETE
 512

P/T Drop
 TRIP CHARGE IS \$46.95 YES/ NO

WRITE HFC MAC ID INSIDE THIS SQUARE AND PLACE NEW MODEM STICKER HERE	PRIMARY FIX	SECONDARY	CUST INITIAL FOR CHARGE
	101	181	C.W.H.

***** EQUIPMENT *****
 IN P IN A73ABAB82 52 P
 OUT F OUT F
 IN P IN P
 OUT F OUT F
 IN P IN P
 OUT F OUT F
 IN P IN P
 OUT F OUT F
 P IN P IN P
 F OUT F OUT F

GROUND: POE# 10 IVR: FTA: B IWIP: X=SUNDERLAND LN - 30% PACKET LOSS
 AMPERAGE: 23 MAP: 1216 TAP: RTE: 99999 ICALL: 914-232-1026 15
 DROP CERT: P/F SI: No Sci Inst 16
 WORK PTS: 9 TAG: 0130906
 TAG: 0752812 NEW TAG: 12
 NODE/CENSUS: S2 CEN 13 H/C: OFF 100 ON L 5TH ON R WHITE FENCE 17
 STATUS: COMP/RESCH/NOT DONE/CANCELLED 14
 RF LEVELS: CH2 11.3 CH12 17.1 CH21 13.7 CH36 13.4 CH78/83 16 CH87 7.1 CH116 12 18

COMMENTS: Replaced inside wire. Customer is aware of Trip Charge.
 19

Optimum Voice Customers: In the event of a power outage, and providing you do not have battery backup on your modem, you will not have access to E911 service. Additionally, if you relocate the modem to a different address, you must notify Cablevision in advance to ensure that E911 service will work properly. If your service is disconnected by Cablevision, or if the service is interrupted, you will not have E911 access.

I acknowledge that I have read and understand the limitations regarding Optimum Voice E911 service as outlined above.

Enhanced Wiring Customers: Limitations are included on the back of this work order.

I acknowledge that I have contacted / chose not to contact (circle one) my central station monitoring provider to test and verify my security system is in good working order. I agree that confirming the good working order of my security system is my responsibility and agree to follow-up with my central station monitoring provider to update my records and for further testing, if necessary. I understand that I am responsible for any additional work required to ensure the proper operation of my security system if I choose not to test and verify my security system at this time.

CUSTOMER ACCEPTANCE
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Signed Customer's Signature Date 3/3/06 CC Tech Initials C.W.H.
 DATA ENTRY

Sample TC Work Order

Papeleo

La Orden de Trabajo de llamada de contrat tiempo tiene el contenido siguiente:

Cualquier descripción en negro es requerido para ser llenado (si es aplicable).

Description		Work Order Content (example)
1	Account Number (Corp # -Account #-Customer #)	7801- 63005- 2
	Customer information: NAME, ADDRESS, TOWN, STATE, ZIP, HOME & BUSINESS #	DOE, JOHN 123 SMITH STREET BETHPAGE NY 11714 HM# 5168030000 BS#
2	Scheduled Date, Time Frame & Type of job	09/29/04 8AM-11AM TBL CALL
	START: The arrival time at the job END TIME: The time the technician is ready to depart job. Note: The total length of time to complete the job should include all time spent on the job with the exception of travel. Technician Number and Job #	START: _____ END TIME: _____ TECH # 123 JOB# 123
	Sales rep ID Number	
	Job Reassigned: Yes/No If Yes, enter new Technician # & Job #	SALES ID X R/A: Y/N TECH: ____ JOB#: ____
	Date order created	ORDER DATE: 00/00/00
3	Current Service(s) the customer has	SERVICES 91 1 iO Silver Pkg A0 1 PPOF 94 4 iO Box 98 4 iO Card
4	Space for Task codes or Order Status if change has occurred	TASKS Disc Involuntary or THIS JOB HAS BEEN RESCHEDULED
5	History of Calls on the Account	HISTORY 04/08/03 TBL CALL COMPLETE IO A/V InfrmChrg 573 O/S Conn Grnd-In 02/23/03 TBL CALL COMPLETE iOCnLoss InfrmChrg 548
6	Is there a trip charge for Trouble Call? Yes or No If Yes, add Primary and secondary fix code for the trouble call. Space for required customer initials to acknowledge trip charge.	TRIP CHARGE IS \$ 39.75: YES / NO PRIMARY FIX CODE SECONDARY CODE CUST INITIAL FOR CHARGE
7	Place modem sticker on all work orders, write HFC MAC ID if stickers unavailable.	WRITE HFC MAC ID INSIDE THIS SQUARE AND PLACE NEW MODEM STICKER HERE
8	Equipment the customer has on account. Circle appropriate letter if task performed: IN if installed OUT if removed P Signal Level for new or existing equipment on account: Pass (P) or Fail (F)	*****EQUIPMENT***** IN P OUT SABCASHF F
9	Place add new converter barcode label if applicable and circle Pass and Fail on signal level	**** NEW CONVERTER *** P F

<p>Indicate grounding to one of the following:</p> <table border="1"> <tr> <td>Common</td> <td>(#6 wire) "Split bolt"</td> </tr> <tr> <td>Cold</td> <td>Cold water pipe</td> </tr> <tr> <td>Out</td> <td>Load side of electrical meter</td> </tr> </table>		Common	(#6 wire) "Split bolt"	Cold	Cold water pipe	Out	Load side of electrical meter	<p>GROUND: _____ POLE# _____ IVR: _____</p>
Common	(#6 wire) "Split bolt"							
Cold	Cold water pipe							
Out	Load side of electrical meter							
10	<p>Pole # information IVR: If closed by Dispatch enter Vero code, if closed by IVR check off (✓) Amperage at the ground block? <i>Warning: if > 1 Amp stop immediately/contact supervisor</i> Map: Info can vary corp. specific Tap: ?</p>	<p>AMPERAGE: _____ MAP: F13G TAP: _____</p>						
11	<p>Drop Certification: Pass or Fail, if unable to pass escalate to Supervisor RTE: Route: xx F/T AREA: Franchise/Tax Area info Total Work Points assigned to this job</p>	<p>DROP CERT: ___ P/F ___ RTE: 188 F/T AREA: 4 WORK PTS: 12</p>						
12	<p>Tag number at tap. Write ID tag # and place barcode sticker on white copy</p>	<p>TAG: 474997W NEW TAG: _____</p>						
13	<p>Node & Census info Signal leakage levels (Cumulative Leakage Index) reading: ___ ?</p>	<p>NODE/CENSUS: B6505A CLI _____</p>						
14	<p>Order Status: Circle appropriate status: <i>If not complete contact Dispatch immediately</i></p>	<p>STATUS: COMP / RESCH / NOT DONE / CANCELLED</p>						
15	<p>Work In Progress (WIP): Information that is important to the nature of the work.</p>	<p>WIP: DROPLINE DELIVER OOLKIT SELFINSTALL</p>						
16	<p>Special Instructions (SI): Any special instructions that you need to be aware of prior to starting the work.</p>	<p>SI: Knock Hard Ring Bell</p>						
17	<p>House Comment: can be cross street, main streets nearby or general information.</p>	<p>H/C: X=Cynthia LN</p>						
18	<p>RF Signal Levels: for system specific channels</p>	<p>RF LEVELS: CH2 ___ CH12 ___ CH21 ___ CH36 ___ CH78/83 ___ CH87 ___ CH116 ___</p>						
19	<p>Add comments as needed</p>	<p>COMMENTS: _____ _____</p>						

Desconexión de la Orden de Trabajo: No-voluntario

CABLEVISION WWW.CABLEVISION.COM YORKTOWN 914-962-4444

7803-298550- 2 DUAL
 BERNAL, JOHN
 212 BABBITT RD # 226
 BEDFORD HILLS NY 10507

03/03/06 8AM-6PM DISCONCT
 START 9:15 END TIME 9:45 TECH#521 JOB# BC
 SALES ID 365 R/A: Y/N TECH# JOB#

HM# 9148642259 BS#
 CURRENT SERVICES PENDING SERVICES
 30 1 Family -2S 1 Optimum Voice
 54 1 200ptRwd -30 1 Family
 96 1 iD Dig -3F 1 ODL FamilgorAbv
 H1 1 A/O -54 1 OR\$20Discount
 3F 1 ODLFamly -94 1 iD Box
 2S 1 OV Servc -96 1 iD Digital
 94 1 iD Box -H1 1 Addtnl Outlet

CURRENT MONTHLY CHARGES \$ 142.54
 ADD'L MONTHLY SERVICE CHARGES \$ 0.00
 ONE-TIME INSTALL CHARGES \$
 BALANCE DUE AT INSTALL \$No COD
 ADD'L OUTLETS OVER 3 ARE \$ 21.95 EA
 TOTAL A/O (OVER 3) INSTALLED: X
 CUSTOMER INITIALS: N/A

WRITE HFC MAC ID
 INSIDE THIS SQUARE
 AND
 PLACE NEW MODEM
 STICKER HERE

***** EQUIPMENT *****

IN	IN	IN
OUT	P OUT	P OUT
M/T	F M/T	F M/T

IN	IN	IN
OUT	P OUT	P OUT
M/T	F M/T	F M/T

IN	IN	IN
OUT	P OUT	P OUT
M/T	F M/T	F M/T

CONVERTERS: ADD REMOVE OH: US D WIP: MT TO ACCT 7803-298541
 MODEMS: ADD REMOVE AREA: 5
 NDS CARDS: ADD REMOVE AVR 8
 GROUND: Invt - POLE# RT: 99999 MAP: 12EN ISI: PoleWork Only
 AMPERAGE: 3
 DROP CERT: O/F
 WORK PTS: 5
 TAG: 941894 - NEW TAG: 0130910
 NODE/CENSUS: B6505A CLI
 STATUS: ~~OMP~~/RESCH/NOT DONE/CANDELLED 12
 RF LEVELS: CH2 12.1 CH12 12.3 CH21 13.2 CH32 14.9 CH78/B3 17.5 CH87 8.0 CH116 11.4 16

COMMENTS: Completed disco at TAP
 MT ZIP:
 CUST ID/TYPE:

Optimum Voice Customers: In the event of a power outage, and providing you do not have battery backup on your modem, you will not have access to E911 service. Additionally, if you relocate the modem to a different address, you must notify Cablevision in advance to ensure that E911 service will work properly. If your service is disconnected by Cablevision, or if the service is interrupted, you will not have E911 access.

I acknowledge that I have read and understand the limitations regarding Optimum Voice E911 service as outlined above.

Enhanced Wiring Customers: Limitations are included on the back of this work order.

I acknowledge that I have contacted / chose not to contact (circle one) my central station monitoring provider to test and verify my security system is in good working order. I agree that confirming the good working order of my security system is my responsibility and agree to follow-up with my central station monitoring provider to update my records and for further testing, if necessary. I understand that I am responsible for any additional work required to ensure the proper operation of my security system if I choose not to test and verify my security system at this time.

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Signed Customer Signature Date 3/3/10 CC Tech Initials C.W.H.
 DATA ENTRY.

Papeleo

La desconexión de la orden de trabajo tiene el contenido siguiente:

Cualquier descripción en negro es requerido para ser llenado (si es aplicable).

Description		Work Order Content (example)
1	Account Number (Corp #-Account #-Customer #)	7801- 63005- 2
	Customer information: NAME, ADDRESS, TOWN, STATE, ZIP, HOME & BUSINESS #	DOE, JOHN 123 SMITH STREET BETHPAGE NY 11714 HM# 5168030000 BS#:
2	Scheduled Date, Time Frame & Type of job	09/29/04 8AM-11AM DISCONCT
	START: The arrival time at the job END TIME: The time the technician is ready to depart job. Note: The total length of time to complete the job should include all time spent on the job with the exception of travel.	START: _____ END TIME: _____ TECH# 123 JOB# 123
	Technician Number and Job #	
	Sales Rep ID Number Job Reassigned: Yes/No If Yes, enter new Technician # & Job #	SALES ID X R/A: Y/N TECH# ___ JOB# ___
	Date order created	ORDER DATE: 00/00/00
3	Pending Service(s) the customer has	PENDING SERVICE 91 1 iOSilver 98 4 iO Card A0 1 PPOF 94 4 iO Box
4	Disconnect fees, balance due: Fill out if applicable Place to enter amount collected# Check number: _____ Customer Initials: Required if fees collected	NONPAY COLL FEE: \$ 39.75 MONTHLY SERVICES: \$ 96.59 PAST DUE BAL : \$ 204.41 TOTAL BALANCE : \$ 308.25 AMOUNT COLLECTED : _____ CHECK NUMBER : _____ CUST INTIALS : _____
5	Work Task code area	TASKS Disc involuntary
6	Equipment the customer has on account. Circle letter if task performed: <input type="checkbox"/> OUT <input type="checkbox"/> If removed	*****EQUIPMENT***** OUT SABCASHF
7	List total quantity of equipment added &/or removed from account	EQUIPMENT RETURNED: CONVERTERS _____ MODEMS _____ NDS CARDS _____
8	Indicate grounding to one of the following: Common (#6 wire) "Split bolt" Cold Cold water pipe Out Load side of electrical meter	GROUND: _____ POLE# _____ IVR: _____
	Pole # information IVR: If closed by Dispatch enter Vero code, if closed by IVR check off (✓)	
9	Amperage at the ground block? Warning: if > 1 Amp stop immediately/contact supervisor Map: Info can vary (corp. specific) Tap: _____ ? Info can vary (corp. specific)	AMPERAGE: _____ MAP: F13G TAP: _____
	Drop Certification: Pass or Fail, if unable to pass escalate to Supervisor Route: xx F/T AREA: Franchise/Tax Area info Total Work Points assigned to this job	DROP CERT: P/F _____ ROUTE: 188 F/T AREA: 4 WORK PTS: 12
10	Tag number at tap. Write ID tag # and place barcode sticker on white copy.	TAG: 474997W NEW TAG: _____

Papeleo

11	Node & Census info Signal leakage levels (Cumulative Leakage Index) reading: ___?	NODE/CENSUS: B6505A CLI _____
12	Order Status: Circle appropriate status: <i>If not complete contact Dispatch immediately</i>	STATUS: COMP / RESCH /NOT DONE / CANCELLED
13	Work In Progress (WIP): Information that is important to the nature of the work.	WIP: DROPLINE DELIVER OOLKIT SELFINSTALL
15	Special Instructions (SI): Any special instructions that you need to be aware of prior to starting the work.	SI: Knock Hard Ring Bell
15	House Comment: can be cross street, main streets nearby or general information.	H/C: X-Cynthia LN
16	RF Signal Levels: for system specific channels	RF LEVELS: CH2__CH12__CH21__CH36__CH78/83__CH87__CH116__
17	Add comments as needed Customer ID type and the Number associated with ID if required Old Move Transfer Zip if move transfer order	COMMENTS: _____ CUST ID/TYPE: _____ MT ZIP: _____

Solicitud Especial de Orden de Trabajo

CABLEVISION WWW.CABLEVISION.COM YORKTOWN 914-762-4444
 YONKERS/PORTCHESTER/HARRISON 914-378-5700

7803-527429-1 DUAL 1
 DAVENPORT, KATHY
 27 MILLER CIR
 ARMONK NY 10504

03/03/06 8AM-6PM SPCL REG 2
 START 9:50 END TIME 10:20 TECH#504 JOB#131
 SALES ID R/A: Y/N TECH# JOB#
 ORDER DATE 02/27/06

HM# 9147653663 BS#902-8948/212
 CURRENT SERVICES PENDING SERVICES
 30 1 Family 30 1 Family
 AP 2 Addr Box/rmte Yk AP 2 Addr Box/rmte Yk
 H1 1 Addtnl Outlet H1 1 Addtnl Outlet
 3F 1 ODL FamilyorAbv 3F 1 ODL FamilyorAbv

NON PAY COLLECTION FEE: \$46.9
 MONTHLY SERVICE: \$
 PAST DUE BALANCE: \$
 TOTAL BALANCE: \$ 106.51 5
 AMOUNT COLLECTED: _____
 CHECK NUMBER: N/A
 CUST INITIALS: _____

Refer ISP

*****EQUIPMENT*****
 IN T3H3108887 15 P IN T9K3700037 15 P
 OUT _____ F IOU _____ F
 IN _____ P IN _____ P
 OUT _____ F IOU _____ F
 IN 103A1A1EB 88 P IN _____ P
 OUT _____ F IOU _____ F
 IN _____ P IN _____ P
 OUT _____ F IOU _____ F
 IN _____ P IN _____ P
 OUT _____ F IOU _____ F
 IN _____ P IN _____ P
 OUT _____ F IOU _____ F

HISTORY
 02/27/06 SPCL REG COMPLETE
 Act Pt 503
 Box/Rmte Addtnl Outlet
 08/06/03 TBL CALL COMPLETE
 519
 O/S Conn 7
 06/05/03 SPCL REG COMPLETE
 Ref-DSP 308
 Rfr-DSP

EQUIPMENT RETURNED
 CONVERTERS N/A MODEMS N/A NDS CARDS N/A 8
 GROUND: Output POLE# IVR: _____ 9
 AMPERAGE: 5 MAP: H2OX TAP: 10
 DROP CERT: P/F ROUTE: 97798 4
 WORK PTS: 3
 TAG: 762412 NEW TAG: 0130901
 NODE/CENSUS: CLI: _____ 13
 STATUS: COMP/RESCH/NOT DONE/CANCELLED
 RF LEVELS: CH21.1 CH1212.3 CH2113.2 CH3614 CH78/8317.5 CH87.8 CH116.11.4
 FIX CODES: _____ VERO CODES NR15
 COMMENTS: Removed all extra wires from house.
 MT ZIP: _____
 CUST ID/TYPE: _____

WIP: TECH NEEDS TO REMOVED ALL WIRES FROM HOME/SUB MUST BE CALL AT 914-765-3663 BEFORE PERMNT 15
 SI: No Scl Inst 16

WHIPPOWILL HILLS DEVELOPMENT 17
 18
 19
 20

Optimum Voice Customers: In the event of a power outage, and providing you do not have battery backup on your modem, you will not have access to E911 service. Additionally, if you relocate the modem to a different address, you must notify Cablevision in advance to ensure that E911 service will work properly. If your service is disconnected by Cablevision, or if the service is interrupted, you will not have E911 access.

I acknowledge that I have read and understand the limitations regarding Optimum Voice E911 service as outlined above.

Enhanced Wiring Customers: Limitations are included on the back of this work order.

I acknowledge that I have contacted / chose not to contact (circle one) my central station monitoring provider to test and verify my security system is in good working order. I agree that confirming the good working order of my security system is my responsibility and agree to follow-up with my central station monitoring provider to update my records and for further testing, if necessary. I understand that I am responsible for any additional work required to ensure the proper operation of my security system if I choose not to test and verify my security system at this time.

CUSTOMER ACCEPTANCE
 Thank you for choosing Cablevision's family of Optimum services. Please confirm your satisfaction with installation/repair of the Optimum product(s), verify all equipment and receipt of user guides for your Optimum product(s) prior to signing this document. Please note: charges listed may not include franchise fees, taxes, equipment and other charges. Promotional offerings subject to terms (i.e. length of promotion) provided at time of sale. By signing below, Customer acknowledges that all information on both sides of this Work Order, including E911 notification and enhanced wiring limitations, has been read and agreed to.

Signed Customer's Signature Date 3/3/06 CC _____ Tech Initials P.W.H.
 DATA ENTRY

Papeleo

La orden de trabajo solicitud especial (SRO) tiene el contenido siguiente:

Cualquier descripción en negro es requerido para ser llenado (si es aplicable).

Description		Work Order Content (example)
1	Account Number (Corp #-Account #-Customer #)	7801- 63005- 2
	Customer information (NAME, ADDRESS, TOWN, STATE, ZIP, HOME & BUSINESS #)	DOE, JOHN
		123 SMITH STREET
		BETHPAGE NY 11714
	HOME: 5168030000 BUS:	
2	Scheduled Date, Time Frame & Type of job	09/29/04 8AM-11AM SPCL REQ
	START: The arrival time at the job END TIME: The time the technician is ready to depart job. Note: The total length of time to complete the job should include all time spent on the job with the exception of travel.	START: _____ END TIME: _____ TECH # 123 JOB# 123
	Technician Number and Job #	
	Sales rep ID Number	
	Job Reassigned: Yes/No If Yes, enter new Technician # & Job #	SALES ID X R/A: Y / N TECH# ___ JOB#: ___
Date order created	ORDER DATE: 00/00/00	
3	Current Service(s) the customer has	CURRENT SERVICE 91 1 iO Silver Pkg A0 1 PPOF 94 4 iO Box 90 HBO On Demand
4	Pending Service(s) the customer has	PENDING SERVICES 91 1 iO Silver Pkg A0 1 PPOF 94 4 iO Box 90 HBO On Demand
5	Disconnect fees, balance due: Fill out if applicable Place to enter amount collected# Check number: _____ Customer Initials: Required if fees collected	NON PAY COLLECTION FEE: \$ 39.75 MONTHLY SERVICE:\$ PAST DUE BAL: \$ TOTAL BALANCE: 133.29 AMOUNT COLLECTED: _____ CHECK NUMBER: _____ CUST INTIALS: _____
6	Equipment the customer has on account. Circle appropriate letter if task performed:	*****EQUIPMENT***** IN _____ P OUT _____ SABCASH _____ F
	IN if installed	
	OUT if removed	
	P Signal Level for new or existing equipment on account: F Pass (P) or Fail (F)	
7	History of Calls on the Account	..HISTORY.. 04/08/03 TBL CALL COMPLETE IO A/V InfmChrg 573 O/S Conn Grnd-In 02/23/03 TBL CALL COMPLETE iOCnLoss InfmChrg 548
8	List total quantity of equipment returned from account	EQUIPMENT RETURNED: CONVERTERS _____ MODEMS _____ NDS CARDS _____
9	Indicate grounding to one of the following:	GROUND: _____ POLE# _____ IVR: _____
	Common (#6 wire) "Split bolt"	
	Cold Cold water pipe	
Out Load side of electrical meter		
	Pole # information IVR: If closed by Dispatch enter Vero code, if closed by IVR check off (✓)	

10	Amperage at the ground block? <i>Warning: if > 1 Amp stop immediately/contact supervisor</i> Map: Info can vary (corp. specific) Tap: _____ Info can vary (corp. specific)	AMPERAGE: _____ MAP: F13G TAP: _____
11	Drop Certification: Pass or Fail, if unable to pass escalate to Supervisor Route: 188 F/T AREA: Franchise/Tax Area info Total Work Points assigned to this job	DROP CERT: __P/F__ ROUTE: 188 F/T AREA: 4 WORK PTS: 12
12	Tag number at tap. Write ID tag # and place barcode sticker on white copy.	TAG: 474997W NEW TAG: _____
13	Node & Census info Signal leakage levels (Cumulative Leakage Index) reading: ___?	NODE/CENSUS: B6505A CLI _____
14	Order Status: Circle appropriate status: <i>If not complete contact Dispatch immediately.</i>	STATUS: COMP / RESCH / NOT DONE / CANCELLED
15	Work In Progress (WIP): Information that is important to the nature of the work.	WIP: DROPLINE DELIVER OOLKIT SELFINSTALL
16	Special Instructions (SI): Any special instructions that you need to be aware of prior to starting the work.	SI: Knock Hard Ring Bell
17	House Comment: can be cross street, main streets nearby or general information	H/C: X-Cynthia LN
18	RF Signal Levels: for system specific channels	RF LEVELS: CH2 ___ CH12 ___ CH21 ___ CH36 ___ CH78/83 ___ CH87 ___ CH116 ___
19	Add comments as needed Customer ID type and the Number associated with ID if required Old Move Transfer Zip if move transfer order	COMMENTS: _____ CUST ID/TYPE: _____ MT ZIP: _____
20	Space for Task codes	Disc if active

Papeleo

Cómo completar la Nueva Orden de Trabajo

Llene la información requerida aplicable según el tipo de trabajo de la Orden de Trabajo como se describe en las secciones anteriores.

Información adicional debe ser escrita o anotada en la orden de trabajo, tal como:

- Explicación de la Variación de los Procedimientos de Instalación Normales: La razón por la cual la obra no se llevó a cabo con los procedimientos normales. Los ejemplos incluyen daños a la propiedad, los problemas de servicio, y cualquier observación pertinente.
- Reprogramar Motivo: Esta entrada se utiliza si el técnico necesita volver a programar el trabajo. El técnico necesita obtener el nombre o el número del despachador que fue informado.
- No en el Hogar a Tiempo: Esta entrada se utiliza si el técnico llega y el cliente no está disponible para proporcionar al técnico el acceso a la vivienda. El técnico necesita obtener el nombre o el número del despachador que fue informado.
- Cambio en la Orden de Trabajo: Una descripción del trabajo realizado diferente a lo que estaba previsto en un principio. El técnico necesita obtener el nombre o el número del despachador que fue informado.
- Número de serie del convertidor / módem instalado o intercambiado: Si un convertidor / módem está instalado o intercambiado el número de serie del dispositivo debe ser anotado en la orden de trabajo. Este número será utilizado por el personal de la oficina de nuevo para asegurarse de que el estado de los clientes está al día. El código de barras del convertidor/ módem se coloca en la orden de trabajo.
- Número de serie del convertidor / modem eliminado: Si se quita un convertidor / módem, el número de serie del dispositivo debe ser anotado en la orden de trabajo. Este número será utilizado por el personal de la oficina de nuevo para asegurarse de que el estado de los clientes está al día.
- Firma del cliente y fecha: El cliente debe firmar en la conclusión de la instalación de haber recibo de los términos y condiciones que se indican en la parte posterior, que se terminó la obra, y la custodia de los convertidores y otros equipos recibidos.
- Las iniciales *Tech.*: Las iniciales del técnico para dar fe de haber realizado el trabajo que aparece en la orden de trabajo.

Si el cliente se niega a firmar debido a la insatisfacción con su trabajo, repita el cable o trate de alterar la instalación de algún modo razonable que no requiere de la "fishing" o no conformidad con las normas técnicas. Si usted es incapaz de realizar el trabajo requerido por el cliente, póngase en contacto con su supervisor.

Si el cliente se niega a firmar porque él / ella tiene una mala imagen, vuelva a revisar el trabajo de nuevo.

Una vez que la orden de trabajo se completa, el cliente recibe la copia rosada. El resto de ejemplares son devueltos a su supervisor, al final del día.

Papeleo

Tramites Adicionales

En esta sección se describe el propósito de las diversas formas utilizadas por el técnico. El módulo describe lo siguiente:

- Portada de Orden de Trabajo en el Campo de Servicio
- Serializado Formulario de Control de Activos
- Robo de Forma de Servicio
- Registro de los Ingresos Diarios
- Reemplazo de Extensión Subterráneo
- Formulario de Referencia de Construcción

Portada de Orden de Trabajo en el Campo de Servicio

Esta forma es la portada que resume toda la orden de trabajo hecho por el día por un técnico. Es importante llenar correctamente la hoja de cubierta y verificar su exactitud. Las portadas y las órdenes de trabajo serán enviadas al grupo de Aseguramiento de la Calidad para la comprobación final y la garantía de calidad.


Field Service Work Order Cover Sheet			
Time In:	Time Out:	OT:	DT:
Corp #			
Date of Work Orders			
Tech # /Contractor ID			
Tech Name			
Qty of Work Orders Received From Tech			
Qty of Work Orders Assigned To Tech			
Variance			
Reason for Variance			
Post Call # of Customer contact jobs			
Total Customer Contact Canceled, Not Home, Rescheduled			
Past Call # of Customers contacted			
# of DBS Work Orders With The Bill			
# of DBS Work Orders with Letter			
# of DBS Work Orders No Attachments			
Total # of Non-Pays			
Total # of Saved Non-Pays			
Tech Signature			
Supervisor Signature		Supervisor #	
Daily Check In Cover Sheet # OF DBS W/O'S OPEN			
Check In Associate Initials			
Qty of Work Orders Received			
# of Work Orders With Revenue Errors			
Comments (be specific all non revenue errors) (example: Missing Form 1004, SA Tag Missing, Missing Tech #/Job # or PA Vols)			

Ejemplo de la Caratula de Orden de Trabajo

Papeleo

Reemplazo de Extensión Subterráneo

El Reemplazo de Extensión Subterráneo es usado para requerir un reemplazo de una extensión subterránea.



UNDERGROUND DROP REPLACEMENT

Date: _____ Tech: _____

APPROVED BY SUPERVISOR: _____
All referrals MUST be approved before submitting

CORP # / ACCOUNT#: _____
 CUSTOMERS NAME: _____
 ADDRESS: _____
 CROSS STREET: _____
 TOWNSHIP: _____

	CH	CH	FREQ.	FREQ.	FREQ.	FREQ.	FREQ.
DBMV	2	78	603	621	627	693	747
TAP							
GROUND BLOCK							
CERTIFICATION							

Diagram / Comments:

CLI IN: _____
 CLI OUT: _____
 DROP CERT P/F: _____
 AMPERAGE: _____
 GROUND CODE: _____
 FITTINGS CHANGED: G/B & TAP
 INFORMATION: _____
 ESTIMATED FOOTAGE: _____
 SAFE TEMP RAN: Y/N
 DRIVEWAY SHOT: Y/N
 MARK OUTS: Y/N HOUSE # 'S
 SPRINKLER SYSTEM: Y/N
 SIDEWALK SHOT: Y/N
 HAND SPADE: Y/N
 TYPE OF CABLE: _____
 # OF OUTLETS: _____
 CUSTOMER CONTACT NEEDED Y/N

Attach a copy of the Workorder to this form

OFFICE USE	
CAPITAL	OPERATIONAL
New Install	Drop Maintenance
Drop Upgrade: 56 ---> Rg11 Rg11 ---> S00	
New Product Addition:	Date Installed:
Digital	/ /
OOL	/ /
OV	/ /
Date Issued: _____	Refer to Design: _____
Contractor issued to: _____	Refer to Construction: _____
Approved by: _____	

For techs only

Date completed: _____
 Time to complete: _____
 Techs: _____
 Replaced drop Length: _____
 Repaired drop / Equipment use: _____
 Third Party Damage Y/N: _____
 Truckroll Needed Y/N

Sample Underground Drop Replacement Form

Papeleo

Formulario de Referencia de Construcción

El Formulario de Referencia de Construcción es completado cuando el trabajo requiere que el trabajo vaya más allá de la capacidad del técnico. Los ejemplos incluyen pero no son limitados a lo siguiente:

- Cajas de seguridad dañadas / pedestales / bóvedas
- Alimentador dañado
- Daños / poste derribado

CABLEVISION Construction Referral Form

Problem Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Reason for Referral: _____

Reason for Referral	REPAIR	REPLACE	REPAIR/REPLACE	REPAIR/REPLACE/REPLACE	REPAIR/REPLACE/REPLACE/REPLACE
Box					
Signal Feed					
Signal Box					

REASON FOR REFERRAL	REPAIR	REPLACE	REPAIR/REPLACE	REPAIR/REPLACE/REPLACE	REPAIR/REPLACE/REPLACE/REPLACE
Box					
Signal Feed					
Signal Box					

ALL FEEDER REPLACEMENTS MUST HAVE PRINTS ATTACHED

Is this a HOUSE DROP? Yes/No

Is there a splice in the line? Yes/No

Have all necessary replacement devices installed? Yes/No

Is this a dangerous situation? Yes/No

SIGNAL LEAKAGE MEASUREMENTS

Signal Leakage Measurements: _____

DESIGN REFERRAL

Design Referral: _____

Diagram: _____

Detailed explanation: _____

(Construction Use Only)		
Date Received:	Technician/Contractor signature:	Date Assembled:
NGR (not for circulation):	NGR - Given Back To:	NGR - Date Given Back:
Actual Comp. Date:	Technician/Contractor who completed the work:	Construction Code:

Construction Completion Comments: _____

Sample Construction Referral Form

ANEXO K - EJEMPLO DE ENCUESTA A QC

OPTIMUM QUALITY CHECK REPORT

TECHNICIAN NAME _____	ACCOUNT # _____
TECH ID # _____	ADDRESS _____
DATE _____	TOWN _____
START TIME _____	STATE _____
END TIME _____	ZIP _____

SERVICE INFORMATION		
Check all that apply.		
IO	OOL	OV

PRODUCT INFORMATION			
Check all that apply			
Converters		Modems	
Devices	Quantity	Description	Quantity
SD Boxes		Modems	
HD Boxes		Routers	
SD DVR			
HD DVR			

Basic Inspection Check							
Verify the applicable items below							
Tap Check Out		Drop Check Out		Ground Block Check Out		Internal Wiring Check Out	
Description	Y/N	Description	Y/N	Description	Y/N	Description	Y/N
Traps/Filters		P-Hook secure		Ground Strap		Internal Wiring secure	
Fittings Tight		Span Clamp Bonded		Ground Wire		Internal Wiring routed neatly	
Terminations present		Drop Tagged correctly		Ground Tag		Fittings Tight	
Vault/Lock/Box In good condition		Height/Clearance meets requirements		Fittings Tight		Equipment Set-up properly	
Splitters In good condition		Routing/Trespass		Ground Tight			
Drop Levels Pass		Fittings Tight		Exterior of House Check Out			
		Shields In good condition		Wiring routed neatly			
		Tie Wraps		Wires In good condition			
		Boots		Holes Sealed			
		Drip Service Loop		CLI			

Equipment Configuration & Compatibility Check	
Verify the applicable items below	
Description	#
Number of Remotes not configured to TV	
Number of HD Boxes not configured to TV	
Number of SD Boxes installed on HD TV	
Number of HD Boxes installed on SD TV	

HOME HEALTH CHECK LEVELS – TO BE PERFORMED BY TECHNICIAN												
Device #	1	2	3	4	5	6	7	8	9	10	11	12
Converter (C) or Modem (M)												
Pass (P) or Fail (F)												
Receive Power												
Transmit Power												
Signal / Carrier to Noise Ratio												
Modem Status												

Rev. d-A05032008