

Paperwork

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Paperwork

Overview

This training guide presents information on the contents of the Work Order. This training guide also discusses the additional paperwork that is used in Field Service Operations.

Objectives

After completing this guide, the participants will be able to:

- Explain the contents of the Work Order.
- Explain how to complete a Work Order.

After completing this guide, the participants will be able to:

- Describe when the following paperwork is to be used and its content:
 - Field Service Work Order Cover Sheet
 - Serialized Asset Control Form
 - Daily Receipts Log
 - Underground Drop Replacement Form
 - Construction Referral Form

Structure

This guide is organized into two parts:

- The Work Order
- Additional Paperwork



This section is part of the New Hire Training Guide.

Completing a Work Order

This section provides information on the work order and describes the following:

- Purpose of the work order
- Contents of a work order
- Completion of a work order

Purpose of the Work Order

The most important document with which you will use daily is the Work Order. This form tells you what you are to do and where you are to do it. The Work Order also serves as the document that verifies that the work is complete.

Paperwork

The Work Order is considered the binding contract between the MSO and the customer. It is essential that the customer signs the Work Order to acknowledge the acceptance of the terms and conditions listed on the back, that the work was completed and custody of the converters and other equipment he/she has received.

The Work Order is the primary document used by the back-office staff to find out what happened in the field. The office staff requires this information in order to bill the customers for received service and to track the customers' current status.

The Work Order is actually a 4-part duplicate form:

1ST Page – White: Data Entry and returned with the FS cover sheet at the end of the day.

2nd Page – Yellow: Duplicate copy for the technician to turn in for billing.

3rd Page – Pink: Duplicate copy for the customer.

The content of the work order will depend on the job type. There are different types of work orders for different jobs:

Installation (INSTALL)/Change of Service (CHG SVC)/Restart(RESTART)

Disconnect (DISCONCT): Voluntary or Non-voluntary

Trouble Call (TBL CALL)


Special Request Order (SPCL REQ)

Contents of a Work Order

In the next few pages, you will get familiar with the format of the Work Order in order to complete the form.

Paperwork

Installation/Change of Service/Restart Work Order



7803-298499- 8 DUAL
LENTOL , MARIE
212 BABBITT RD # 512
BEDFORD HILLS NY 10507

WWW.CABLEVISION.COM YORKTOWN 914-962-4444

03/03/06 11AM-2PM INSTALL
START 11:05 END TIME 1:50 TECH# 402 JOB# 39
SALES ID 242 R/A: Q/N TECH# 506 JOB# 45

HM# 9143934082 BS#
CURRENT SERVICES PENDING SERVICES

0Z 1 Bring SA HD Box
1X 1 Free OV/DOL Ins
2G 1 DV Modem
4D 1 Use ExistingWire
4G 1 FreeDOL/wVid
64 1 9.95 Promo Inst
7D 1 InterconnectJck
F2 1 TripleDoubleOV
FY 1 TrpPLiDFanDOL12M
J5 1 HBD1mo

ADD'L MONTHLY SERVICE CHARGES \$ 89.85
ONE-TIME INSTALL CHARGES \$ 9.95
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

Serial: SABGZQZHZ ***** EQUIPMENT *****

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

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

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

CONVERTERS: ADD | REMOVE OH: UG | IWIP: X=TOURING COD#105.54
MODEMS: ADD | REMOVE FT-AREA: 3
NDS CARDS: ADD | REMOVE IVR:
GROUND: POLE POLE# 99999 MAP: 122N | SI: ID/ResIDNOTRq
AMPERAGE: 6 | 11
DROP CERT: P/F | 12 | 0130902
WORK PTS: 2B | 13
TAG: K719121 NEW TAG: 13
NODE/CENSUS: B6505A CL:
STATUS: COMP RESCH/NOT DONE/CANCELLED | 15
RF LEVELS: CH2 11 CH12 17.5 CH13 13 CH30 13 CH7B 83 CH7 8 CH116 11.2 | 19

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. A

Enhanced Wiring Customers: Limitations are included on the back of this work 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 OC Tech Initials C.W.H.
DATA ENTRY

Sample Install Work Order

Paperwork

The Installation/Change of Service/Restart/Disconnect Work Order has the following content:

Any description in bold is required to be filled in (if applicable).

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 \$ ADD'L OUTLET INSTALL OVER 3 ARE \$ 19.95 EA																		
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.	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.	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> </tr> <tr> <td>OUT</td> <td>if removed</td> </tr> <tr> <td>M/T</td> <td>if move/transfer</td> </tr> <tr> <td>P</td> <td>Signal Level for new or existing equipment on account: Pass (P) or Fail (F)</td> </tr> <tr> <td>F</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		<table border="1"> <tr> <td>IN</td> <td></td> <td>P</td> </tr> <tr> <td>OUT</td> <td></td> <td>F</td> </tr> <tr> <td>M/T</td> <td></td> <td></td> </tr> </table>	IN		P	OUT		F	M/T	
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		P																		
OUT		F																		
M/T																				
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																		
11	IVR: If closed by Dispatch enter Vero code, if closed by IVR check off (✓)	IVR: ____																		
	Indicate grounding to one of the following:	GROUND: ____ POLE # ____ RT: 73																		
11	<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: ____																		

Paperwork

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>

Paperwork

Trouble Call Work Order

CABLEVISION		WWW.CABLEVISION.COM	YORKTOWN 914-962-4444
7803-279414- 2 DUAL		YONKERS/PORTCHESTER/HARRISON 914-378-8900	
SIMPSON, RAYMOND		03/03/06 5PM-8PM TBL CALL	2
31 PLUMBROOK RD		START <u>5:00</u> END TIME <u>6:00</u> TECH#522 JOB#10C	
KATONAH NY 10536		OPR ID DDN R/A: Y/N TECH# JOB#	
		ORDER DATE 03/01/06	

HM# 9142321026 BS#	TASKS	HISTORY
SERVICES	Packet Loss	06/20/04 TBL CALL COMPLETE
30 1 Family	Informed of Charge	520
3F 1 OOL FamilyorAbv	Modem	OOLFamily 5
3	Cust Req Truck Roll	05/10/04 INSTALL COMPLETE
		222
		04/23/04 DISCONCT COMPLETE
		912

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
7	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
IN	P IN		P
OUT	F OUT		F
IN	P IN		P
OUT	F OUT		F

**** NEW CONVERTER ***

GROUND: Box 10 POLE# 1 IVR: ✓ FTA: B
 AMPERAGE: 23 MAP: 1216 TAP: RTF 99999 I/WIP: X=SUNDERLAND LN - 30% PACKET LOSS
 DROP CERT: P/F SI: No Sci Inst
 WORK PTS: 9 TAG: ST52812 NEW TAG: 12 0130906
 NODE/CENSUS: S2 CH/CS: OFF 100 ON L 5TH ON R WHITE FENCE 17
 STATUS: COMP/RESCH/NOT DONE/CANCELLED
 RF LEVELS: CH2 11.3 CH12 17.1 CH21 13.7 CH36 13.4 CH78/83 16 CH87 7.1 CH116 12
 COMMENTS: Replaced inside wire. Customer is aware of Trip Charge.

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

Sample TC Work Order

Paperwork

The Trouble Call Work Order has the following content:

Any description in bold is required to be filled in (if applicable).


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#
	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. <i>Note: The total length of time to complete the job should include all time spent on the job with the exception of travel.</i> 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 InfmChrg 573 O/S Conn Grnd-In 02/23/03 TBL CALL COMPLETE iOCnLoss InfmChrg 548
6	<i>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.</i>	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: F 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

Paperwork

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: _____
10	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: _____?	AMPERAGE: _____ MAP: F13G TAP: _____
11	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	DROP CERT: __P/F__ RTE: 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: <i>Circle appropriate status:</i> <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	COMMENTS: _____ _____

Paperwork

Disconnect Work Order: Non-Voluntary



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

WWW.CABLEVISION.COM YORKTOWN 914-962-4444

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#

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

2

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

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 VR: 8

GROUND: 1 POLE# RT: 99999 MAP: 12EN ISI: PoleWork Only

AMPERAGE: 3

DROP CERT: F

WORK PTS: 5

TAG: 941894 - NEW TAG: 0130910

NODE/CENSUS: B6505A CLI

STATUS: COMP/RESCH/ NOT DONE/ CANDELLED

RF LEVELS: CH2 12 CH12 12 CH21 13 CH32 14 CH78/B3 17 CH87 8 CH116 11

COMMENTS: Completed disco at TAP

MT ZIP: _____

CUST ID/TYPE: _____

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 Date 3/3/10 CC _____ Tech Initials C.W.H.

DATA ENTRY

Paperwork

The Disconnect Work Order has the following content:

Any description in bold is required to be filled in (if applicable).

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. <i>Note: The total length of time to complete the job should include all time spent on the job with the exception of travel.</i>	START: _____ END TIME: _____ TECH# 123 JOB# 123						
	Technician Number and Job #							
	Sales Rep ID Number	SALES ID X R/A: Y/N TECH# ___ JOB# ___						
Job Reassigned: Yes/No If Yes, enter new Technician # & 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# <i>Check number: _____</i> <i>Customer Initials: Required if fees collected</i>	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: <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	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 (✓)								
9	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: _____						
	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: _____						

Paperwork

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: _____

Paperwork

Special Request Work Order

CABLEVISION		WWW.CABLEVISION.COM	YORKTOWN 914-762-4444
7803-527429-1 DUAL	1	YONKERS/PORTCHESTER/HARRISON 914-378-5700	2
DAVENPORT, KATHY		03/03/06 8AM-6PM SPCL REG	JOB#131
27 MILLER CIR		START 9:50 END TIME 10:20	TECH#504
ARMONK	NY 10504	SALES ID	R/A: Y/N TECH#
			ORDER DATE 02/27/06

HM# 9147653663 BS#902-8948/212	NON PAY COLLECTION FEE. \$46.9
CURRENT SERVICES	MONTHLY SERVICE: \$
30 1 Family	PAST DUE BALANCE: \$
30 1 Family	TOTAL BALANCE: \$ 106.51
AP 2 Addr Box/rmte Yk	AMOUNT COLLECTED: <u>N/A</u>
AP 2 Addr Box/rmte Yk	CHECK NUMBER: <u>N/A</u>
H1 1 Addtnl Outlet	CUST INITIALS: _____
H1 1 Addtnl Outlet	
3F 1 ODL FamilyorAbv	
3F 1 ODL FamilyorAbv	

Refer ISP

*****EQUIPMENT*****

IN T3H3108887 15 P	IN T9K3700037 15 P
OUT _____ F	OUT _____ F
IN _____ P	IN _____ P
OUT _____ F	OUT _____ F
IN 103A1A1EB 88 P	IN _____ 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

HISTORY

02/27/06 SPCL REG COMPLETE
Act Pt 503
Box/Rmte Addtnl Outlet
08/06/03 TBL CALL COMPLETE
519
D/S Conn
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: _____

AMPERAGE: 5 MAP: H2OX TAP: _____

DROP CERT: P/F ROUTE: 97798 4

WORK PTS: 3

TAG: 7762412 NEW TAG: 0130901

NODE/CENSUS: CLI: _____

STATUS: COMP/RESCH/NOT DONE/CANCELLED

RF LEVELS: CH21.1 CH1212.3 CH2113.2 CH3614 CH78/8317.5 CH87.8 CH116.11.9

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 REPMNT

SI: No Scl Inst

Paperwork

The Special Request (SRO) Work Order has the following content:

Any description in bold is required to be filled in (if applicable):

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:								
Scheduled Date, Time Frame & Type of job	09/29/04 8AM-11AM SPCL REQ									
2	START: The arrival time at the job END TIME: The time the technician is ready to depart job. <i>Note: The total length of time to complete the job should include all time spent on the job with the exception of travel.</i> 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 #									
	Date order created									
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: _____								
	Equipment the customer has on account. Circle appropriate letter if task performed: <table border="1" style="display: inline-table;"> <tr> <td>IN</td> <td>if installed</td> </tr> <tr> <td>OUT</td> <td>if removed</td> </tr> <tr> <td>P</td> <td>Signal Level for new or existing equipment on account:</td> </tr> <tr> <td>F</td> <td>Pass (P) or Fail (F)</td> </tr> </table>		IN	if installed	OUT	if removed	P	Signal Level for new or existing equipment on account:	F	Pass (P) or Fail (F)
IN	if installed									
OUT	if removed									
P	Signal Level for new or existing equipment on account:									
F	Pass (P) or Fail (F)									
6	<table border="1" style="display: inline-table;"> <tr> <td>IN</td> <td>if installed</td> </tr> <tr> <td>OUT</td> <td>if removed</td> </tr> <tr> <td>P</td> <td>Signal Level for new or existing equipment on account:</td> </tr> <tr> <td>F</td> <td>Pass (P) or Fail (F)</td> </tr> </table>	IN	if installed	OUT	if removed	P	Signal Level for new or existing equipment on account:	F	Pass (P) or Fail (F)	*****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.. 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: <table border="1" style="display: inline-table;"> <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	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 (✓)										

Paperwork

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
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14	Order Status: Circle appropriate status: <i>If not complete contact Dispatch immediately.</i>	STATUS: COMP / RESCH / NOT DONE / CANCELLED
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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

Paperwork

How to Complete the New Work Order

Fill in required applicable information as per the job type of Work Order as described in the previous sections.

Additional information should be written or noted on the work order such as:

- Explanation for Varying from Normal Installation Procedures: The reason why the work was not performed to normal procedures. Examples include property damage, service problems, and any relevant comments.
- Reschedule Reason: This entry is used if the technician needs to reschedule the work. The technician needs to obtain the name or number of the Dispatcher who was informed.
- Not at Home Time: This entry is used if the technician arrives and the customer is not available to provide the technician access to the dwelling. The technician needs to obtain the name or number of the Dispatcher who was informed.
- Change in Work Order: A description of the work performed different than what was originally scheduled. The technician needs to obtain the name or number of the Dispatcher who was informed.
- Serial Number of Converter/Modem Installed or swapped: If a converter/modem is installed or swapped the serial number of the device should be noted on the work order. This number will be used by the back office staff to ensure that the customer status is current. The barcode of the converter/modem is placed on the work order.
- Serial Number of Converter/modem removed: If a converter/modem is removed, the serial number of the device should be noted on the work order. This number will be used by the back office staff to ensure that the customer status is current.
- Customer Signature and date: The customer must sign at the conclusion of installation to acknowledge receipt of the terms and conditions listed on the back, that the work was completed, and custody of converters and other equipment received.
- Tech Initials: Technician initials to attest to have performed the work listed on the work order.

If the customer refuses to sign because of dissatisfaction with your work, rerun the cable or otherwise alter the installation in any reasonable way that does not require "fishing" or nonconformance with the technical standards. If you are unable to perform the required work for the customer, then contact your supervisor.

If the customer refuses to sign because he/she has a bad picture, recheck your work again.

Once the Work Order is completed, the customer receives the Pink copy. All other copies are returned to your supervisor at the end of the day.

Paperwork

Additional Paperwork

This section describes the purpose of various forms used by the technician. The Module describes the following:

- Field Service Work Order Cover Sheet
- Serialized Asset Control Form
- Theft of Service Form
- Daily Receipts Log
- Underground Drop Replacement Form
- Construction Referral Form

Field Service Work Order Cover Sheet

This form is the cover sheet which summarizes all the work order done for the day by a technician. It is important to properly fill out the cover sheet and check for accuracy. The cover sheet and work orders will be forward to the Quality Assurance group for final check in and quality assurance.


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 <small>(FOR CHECK IN USE ONLY)</small>			
Check In Associate Initials			
Qty of Work Orders Received			
# of Work Orders With Revenue Errors			
Comments <small>(do not include cell phone numbers)</small>			
<small>(if applicable: Missing Time In/Out, SA Tag Missing, Missing Tech #/Job # for PA Work)</small>			

Sample Work Order Cover Sheet

Paperwork

Underground Drop Replacement

The Underground Drop Replacement Form is used to request a replacement of an underground drop.



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	/ /

IG techs only

Date completed: _____

Time to complete: _____

Techs: _____

Replaced drop Length: _____

Repaired drop / Equipment use: _____

Third Party Damage Y/N: _____

Truckroll Needed Y/N: _____

Date issued: _____ Refer to Design: _____

Contractor issued to: _____ Refer to Construction: _____

Approved by: _____

Sample Underground Drop Replacement Form

Paperwork

Construction Referral Form

The Construction Referral form is completed when work is required that is beyond the capability of the technician. Examples include but are not limited to the following:

- Damaged lock boxes/pedestals/vaults
- Damaged feeder
- Damage/downed pole

CABLEVISION Construction Referral Form

Subscriber Name: _____
 Address: _____
 Phone: _____
 City/State/Zip: _____

Reason for Work: DESIGN CONSTR. REPAIR DAMAGE (person completed but party damaged form)

LOCK BOX (Check type needed)

SM	MD	EXT	FEED

PEDESTALS

PE-6	PE-10	PE-20	PE-30

ALL FEEDER REPLACEMENTS MUST HAVE PRINTS ATTACHED

Is this a package design? Yes No Why is the box needed? _____
 Is there a splice in cable? Yes No Why is the splice needed? _____
 Have all feeds and related parts been replaced? Yes No Why? _____
 Is this a dangerous situation? Yes No If "Yes," how long? _____

SIGNAL LEAKAGE MEASUREMENTS

UL Level @ 10 feet _____
 UL Level @ 20 feet after repair _____
 If level is corrected, please attach the appropriate UL report and document all information on this form.

DESIGN REFERRAL

All design referrals must have tabs off poles and insulators. Drawings must have exact location of Cable Chops and location of service diagram.

Detailed explanation: _____

(Construction Use Only)

Date Received: _____	Technician/Contractor Name: _____	Date Assigned: _____
LAGR (not used unless): _____	AGR - Open Base Tar: _____	NCR / Date Open Degr: _____
Actual Comp. Date: _____	Technician/Contractor who completed the work: _____	Construction Code: _____

Construction Completion Date/Time: _____

Sample Construction Referral Form

EXHIBIT K – SAMPLE QC SURVEY

OPTIMUM QUALITY CHECK REPORT

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

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