

## SITE ASSESSMENT

GENERAL INFORMATION			
COMPANY	<input type="checkbox"/> TECH2GO	<input type="checkbox"/> T2G NI	DATE: ____ / ____ / ____
CLIENT INFORMATION	COMPANY NAME:		
	ADDRESS:		
	CONTACT NUMBER:		
	EMAIL ADDRESS:		
SITE SURVEY LOCATION			
PURPOSE	<input type="checkbox"/> WIFLY	<input type="checkbox"/> TRUNET	<input type="checkbox"/> INFRASTRUCTURE
REASON FOR SITE SURVEY	<input type="checkbox"/> OTHERS		
TECHNICAL INFORMATION			
SERVICE PROVIDER	BANDWIDTH (MBPS)	INTERNET SERVICES	SERVER
<input type="checkbox"/> CONVERGE		<input type="checkbox"/> LEASE LINE	<input type="checkbox"/> WEB SERVER
<input type="checkbox"/> PLDT		<input type="checkbox"/> DSL	<input type="checkbox"/> ERP / DATABASE
<input type="checkbox"/> GLOBE		<input type="checkbox"/> TRANSPORT	<input type="checkbox"/> EMAIL / PROXY
<input type="checkbox"/> DITO		<input type="checkbox"/> VPN	<input type="checkbox"/> NAS / AD
<input type="checkbox"/> OTHER (please specify)		<input type="checkbox"/> SDWAN	<input type="checkbox"/> FQDN
		<input type="checkbox"/> OTHER (please specify)	<input type="checkbox"/> OTHER (please specify)
ACTIVE COMPONENTS			
NETWORK DEVICE	MODEL	BRAND	NUMBER OF USERS
<input type="checkbox"/> ROUTER			
<input type="checkbox"/> FIREWALL			
<input type="checkbox"/> SWITCHES			
<input type="checkbox"/> CORE SWITCH			
<input type="checkbox"/> DISTRIBUTION			
<input type="checkbox"/> ACCESS SWITCH			
<input type="checkbox"/> PORT			
IP INFRASTRUCTURE SERVICES			
PRODUCT	REQUIREMENTS (please specify)		CONDUITS (please specify)
<input type="checkbox"/> STRUCTURED CABLING			
<input type="checkbox"/> FOC BACKBONE			
<input type="checkbox"/> WIFI ACCESS POINT			
<input type="checkbox"/> SIGNAL BOOSTER			
<input type="checkbox"/> IP SURVEILLANCE			
<input type="checkbox"/> IP PBX SYSTEM			
<input type="checkbox"/> BARRIER			
<input type="checkbox"/> FDAS			
<input type="checkbox"/> OTHERS			
CONDUIT ROUTES			
<input type="checkbox"/> DRILLING APPROVAL	<input type="checkbox"/> EXTENSION LADDER	<input type="checkbox"/> SCAFFOLDING	
<input type="checkbox"/> CONDUITS ATTACHMENT			
DEVICE	LOCATIONS		
1			
2			
3			
4			
5			

## SITE ASSESSMENT

**PERMITS AND SAFETY REQUIREMENTS**

<input type="checkbox"/> PEZA	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> WORK AT HEIGHTS	<input type="checkbox"/> ENTRY PERMIT
<input type="checkbox"/> ENGINEERING	<input type="checkbox"/> FIRST AIDER	<input type="checkbox"/> HOT WORKS	<input type="checkbox"/> WORK PERMIT
<input type="checkbox"/> ROAD USAGE	<input type="checkbox"/> SCAFFOLDER	<input type="checkbox"/> NOISY WORKS	<input type="checkbox"/> OTHER PERMIT

**SITE SURVEY ACKNOWLEDGEMENT**

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**SURVEYOR'S SIGNATURE OVER PRINTED NAME**

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**DATE**

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**CLIENT SIGNATURE OVER PRINTED NAME**

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**DATE**