

Reason For Request

Replacement

Contractor

Construction SRO Referral & GO 95/128

Request Date 12/31/21
Address 114 NW Grady Ct.
Cross Street Shamrock
Supervisor Name Steve Jenkins
Supervisor Cell

Tech# 42102

Hub Lee's Summit
City/State/Zip Lee Summit ,Mo,64081
PRISM ID# 3367890
Y6 SRO # 35886366
(If available)

Node

RQO

Tech Name and Cell # Mark Geither 913-927-3098

Damage Claim # 229101962

Job Type Span Replacement

Construction Coordinator

Supervisor Approval Jenkins, Steve P

Manager Approval Wilkerson, Christopher J

Director, Field Engineering Approval

VP Regional Engineering Approval

Required on all replacements

Required on replacements up to 499 feet or multiple span requests

Required on replacements between 500 and 999 feet

Required on replacements greater than 1,000 feet

Map Page(s)

Map page 1

Map page 2

Map page 3

Map page 4

Map page 5

Map page 6

Map page 7

Replacement or Dig up

Replace Span

Aer/UG

UG

Temp In Place

Yes

Fiber Request Reason

Choose

Ped Type

Tap

Temp Safe

Yes

Leak ID

Leakage Level

Required if open Leak

Required if open Leak

Cable Size 0.625

Aerial Footage 0

UG Footage 74

Reason for Plant replacement - Must be checked

☐ CU☐ Sweep☒ Other☐ CHECK BOX IF CUSTOMER IMPACTING☐ Aerial☒ Underground

Type of Work Needed (Note: Click on box to mark box & indicate issue.)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Repair Vault | <input type="checkbox"/> Repair Riser Guard | <input type="checkbox"/> Conflict With Telco | <input type="checkbox"/> Power in Violation |
| <input type="checkbox"/> Repair Pedestal | <input type="checkbox"/> Relocate Pedestal | <input type="checkbox"/> Tree Damage | <input type="checkbox"/> Telco in Violation |
| <input type="checkbox"/> Repair MDU Box | <input type="checkbox"/> Relocate Vault | <input type="checkbox"/> Incorrect Design | <input type="checkbox"/> Missing X Arm |
| <input type="checkbox"/> Repair Conduit | <input type="checkbox"/> Relocate MDU | <input type="checkbox"/> Ground Rod | <input type="checkbox"/> Needs Walkout |
| <input type="checkbox"/> Repair Coax | <input type="checkbox"/> Replace Power Supply | <input type="checkbox"/> Damaged Power Supply | |
| <input type="checkbox"/> Repair Fiber | <input type="checkbox"/> Electrical Hookup | <input type="checkbox"/> Repair Fiber | |
| <input type="checkbox"/> Repair Tap | <input type="checkbox"/> Strand Down | <input type="checkbox"/> Repair Lashing Wire | |
| <input type="checkbox"/> Repair Power Supply | <input type="checkbox"/> Aerial Xing Low | <input type="checkbox"/> Needs Locate | |
| <input type="checkbox"/> Repair Down Guy | <input type="checkbox"/> Missing Guy Guard | <input type="checkbox"/> Other (Describe): | |
| <input type="checkbox"/> Repair Node Housing | <input type="checkbox"/> Pole Transfer | <input type="checkbox"/> GO95/128 Issue - Complete section below | |
| <input type="checkbox"/> Repair Riser | <input type="checkbox"/> Conflict With Power | | |

Tap to Tap Feeder replacement

1. Detailed Description of Work Needed
(Include any network changes)

2. Leak Levels for CLI Issues

3. TDR Shot/Results of Bad Coax

4. OTDR Shot/Results of Fiber Issues

5. Explain why Street Cut/Bore Required

6. Signal Levels at Tap

Attach Copy of System Print With Area Highlighted and Work Description

Replacement Priority

GO95/128

- 1 ☐ Immediate Action Required
2 ☐ Non Immediate (Repaired Within Replacement SLO)
3 ☐ 3rd Party - Include Damage Claim number

Date Issue Identified:

Tech Name:

Date Issue Corrected:

How Issue was Discovered:

☐ Detailed Inspection☐ Patrol☐ Routine Daily Activity

GO95/128 Priority Level:

- 1 ☐ Immediate Action Required
2 ☐ Non Immediate (Repaired Within a Specified Time)
3 ☐ Acceptable Safety (Take Action as Appropriate)
3rd Party (Power, Telco, Other)
☐ 3rd Party - Written Notification Sent
☐ Notification Sent via E-mail
☐ Notification Sent via Mail

3rd Party Claim Number: