

## Reason For Request

## Replacement

## Contractor SCC

## Construction SRO Referral &amp; GO 95/128

Request Date 1/13/22  
Address 533 ne churchill rd  
Cross Street ne knollbrook rd ne todd george rd  
Supervisor Name kenneth benney  
Supervisor Cell 8165348389

Hub Lee's Summit  
City/State/Zip Lee's Summit/Missouri/64086  
PRISM ID# 3385439  
Y6 SRO #  
(If available)

Tech Name and Cell # ethan everley 8164699295

Damage Claim #  
Job Type Choose

Construction Coordinator  
Supervisor Approval Benney, Ken  
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  
Fiber Request Reason Choose

Aer/UG UG  
Ped Type Tap

Temp In Place Yes  
Temp Safe Yes

Leak ID  
Leakage Level  
Required if open Leak

Leakage Level  
Required if open Leak

Cable Size 0.625

Aerial Footage 0

UG Footage 135

## 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 &amp; 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 checked="" 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 checked="" 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  |  |   |

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

Replace run for leakage. Also replace broken ped

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: