

**HITACHI CABLE MANCHESTER, INC. (HCM)
25-YEAR WARRANTY
PROJECT COMPLETION CHECK LIST
Hitachi Installer Training (HIT)**

THIS FORM MUST BE COMPLETED AND SUBMITTED ALONG WITH THE HCM 25-YEAR WARRANTY PROJECT COMPLETION FORM:

25-Year Warranty is to be issued to:

Customer Name

(Pending Owner Cabling System): _____

Project Site (Building): _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

FAX Number: _____

HCM's 25-Year Warranty is being requested by:

The request date: _____

HIT Company Name: _____

Phone Number: _____

Address: _____

City: _____

State: _____

Zip Code: _____

HIT Registration Number: _____

Project Contact: _____

Project Attachments [Input (YES or NO)]

Test Results: _____

Project Completion Forms: _____

List other documents that were required for this project (see Exhibit 5 Section 'C' of Project Registration Form which HCM submitted back with the project registration number)

**HITACHI CABLE MANCHESTER, INC. (HCM)
25-YEAR WARRANTY
PROJECT COMPLETION FORM
Hitachi Installer Training (HIT)**

This Form Must Be Submitted Within Fifteen (15) Days After Completion of Installation of the Cabling System.

Request Date: _____

Section A – Certified Installer Information

HIT Company Name: _____

Phone Number: _____

Address: _____

City: _____

State: _____

Zip Code: _____

HIT Registration Number: _____

Project Contact: _____

Section B – Project Information

HCM's 25-Year Warranty is to be issued to:

Customer Name:

(Pending Owner of Cabling System): _____

Project Site (Building): _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

FAX Number: _____

Main Customer Contact : _____

Project Start Date: _____

Project Completion Date: _____

Hardware Manufacturer: _____

Total Number of Outlets Installed: _____

Number of Voice Outlets Installed: _____

Number of Data Outlets Installed: _____

Shortest Installed Copper Cable Run (feet): _____

Longest Installed Copper Cable Run (feet): _____

Section B – Project Information (cont.)

Part number of RJ45's:

Part Number of Patch Panel: _____

Part Number of Fiber Boxes: _____

Part Number of Fiber Connectors: _____

Cabling System Design By: _____

Designer's Company Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone Number: _____

Fax Number: _____

Main Contact (Designer): _____

PM who oversaw installation of the Cabling System

PM Full Name	PM Registration Number	Date of Registration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Forward Registration Information to:

Hitachi Cable Manchester, Inc
900 Holt Ave
East Industrial Park
Manchester, NH 03109

Telephone: (603)-669-4347

Please make sure the attached 'Product Information sheet is completed, when submitting for Registration.

HIT Corporate Officer

Date

Print Name

Title

PM to Oversee Installation of
Cabling System

Date

Print Name

Title

HCM Approved By

Date

Project Registration Number

Site Warranty Certification Number

Internal Use Only

Connecting Hardware Products Installed

Product Part Number	Description	Quantity
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section E – Standards

Input (**yes or no**) for the following

This Warranted Cabling System was installed, documented and complies with:

- TIA/EIA-568A: _____
- EIA/TIA-569: _____
- TIA/EIA-606: _____
- TIA-EIA TSB-67: _____
- BICSI Standards: _____
- Qualified Hardware Manufacturer’s Guidelines: _____
- Qualified Hardware Manufacturer’s Guidelines: _____
- Qualified Hardware Manufacturer’s Guidelines: _____

Section F – General Project Questions:

- (Input (**yes or no**) for the following
- Were all of the installed cables terminated at both ends? _____
 - Were all terminated cables tested? _____
 - Were all Termination Racks or Enclosures anchored? _____
 - Were all Termination Racks or Enclosures grounded? _____
 - Are there any cable runs that have a cross connect or transition connection installed between wiring closet and workstation outlet? _____

*Were any other manufacturer’s connecting hardware or cable not listed in Exhibit 5 Section ‘D’ installed?

Manufacturer	Part Number	Quantity
_____	_____	_____
_____	_____	_____

Section G – Tester Information

Complete the following for each tester unit used during the final testing of the project.

Note: All Testers must meet Level II accuracy requirements as stated in TIA/EIA TSB-67 Annex A.

Manufacturer of Copper Tester: _____
Tester Software Version: _____
Date Last Calibrated: _____
Tester Model No: _____
CI who performed testing: _____

Manufacturer of Copper Tester: _____
Tester Software Version: _____
Date Last Calibrated: _____
Tester Model No.: _____
Tester Serial No.: _____
CI who performed testing: _____

Section H – Test Result Information:

The testing of the Qualified Cable and Connecting Products was performed as follows:

Wiring Closet connecting hardware to Workstation connection
in conformance to **TIA/EIA TSB-67 Basic Link**
Yes / No

Wiring Closet connecting hardware to Workstation connecting hardware with
Equipment Patch Cords at both ends in conformance to **TIA/EIA TSB-67
Channel**
Yes / No

Note any Cable Links, which showed deviation from the standard test performed by the tester, in Length or which Failed Basic Link or Channel Test:

Cable ID	Outlet ID	Status
_____	_____	_____
_____	_____	_____
_____	_____	_____

The above information is true, complete and correct that is being provided to Hitachi Cable Manchester both in hardcopy and direct data download through the above listed testers. Test results are also being retained at the HIT location above.

_____	_____
HIT Corporate Officer	Date
_____	_____
Print Name	Time
_____	_____
Lead PM to Oversee Installation Of Cabling System	Date
_____	_____
Print Name	Title

Section I – Documentation to be submitted

List the files (names and number of copies being submitted along with this Form.

	<u>Filename</u>	<u>Number of Copies Submitted</u>
Direct Downloaded Files of Test Results:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Complete the table found in the attached section “ Cross ID Table” for each cable being tested.

Cross Reference Table of Test Results Identifier and Completed Outlet Identifier:

-If Noted Below Provide Hard Copy of Test Results -

Section J – Additional Documentation (When Required)

The following additional documentation (if noted in “Exhibit 5 Section D” of the Project Registration Form) must also be included before a site Registration can be reviewed or issued.

List of Cable Reel Tag I.D.:

CAD Drawings (DXF) on 3.5 Disk:

Hardcopy of as-built drawings of Installation:

Hard Copy of Test Results:

File Name	Number of Copies Submitted
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<hr/>	<hr/>
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