

Telecom Installation & Maintenance Report

Illustrative demonstration data. This sample is not an actual job record or an export from the app.

Service / visit type	TC-019 / Cabinet maintenance visit
Site / equipment reference	Demo site T-03 / Cabinet C-02 / Link L-01
Technician / visit times	Demo technician B / 10:00-11:00
Date / procedure reference	19 Oct 2026 / Demo checklist TM-02

01 / WORK RECORD

Work / agreed check	Recorded result	Work / evidence
Cabinet visual check	Recorded	Connections reviewed / P01
Optical power reading	-18.4 dBm	Manual site entry / Link L-01
Patch cord replacement	1 cord replaced	Work recorded / P02
Cabinet label check	Action needed	Missing label / P03

02 / EVIDENCE AND FOLLOW-UP

Work / parts used	Patch cord replaced: 1. Reading recorded by technician; no automated test implied.
Outstanding issue / owner	Replace missing cabinet label / Demo telecom supervisor
Next action / deadline	Arrange label replacement / 20 Oct 2026
Visit result / photo references	Listed work recorded; label action open / P01-P03 demo references.

03 / SIGN-OFF

Technician / prepared by	Site representative / reviewed by
Name: _____	Name: _____
Signature: _____	Signature: _____
Date / time: _____	Date / time: _____

Record the equipment, work and measurements with units under your service procedure. Review unresolved issues and next actions before sign-off.

Photo references are illustrative. Signature fields are intentionally unsigned.

Telecom Installation & Maintenance Report

A reusable reporting form. Adapt the checks and review process to your organisation.

Service / visit type	
Site / equipment / circuit ID	
Technician / start / finish	
Date / procedure reference	

01 / WORK RECORD

Work / agreed check	Recorded result	Work / evidence
Installation / service work		
Reading / unit / equipment		
Component / part replaced		
Other agreed check		

02 / EVIDENCE AND FOLLOW-UP

Work / parts used	
Outstanding issue / owner	
Next action / deadline	
Visit result / photo references	

03 / SIGN-OFF

Technician / prepared by	Site representative / reviewed by
Name: _____	Name: _____
Signature: _____	Signature: _____
Date / time: _____	Date / time: _____

Record the equipment, work and measurements with units under your service procedure. Review unresolved issues and next actions before sign-off.