

**COMMUNICATION CABLE  
TESTING**

**Project Name:** \_\_\_\_\_ **Test Date:** \_\_\_\_\_

This procedure outlines tests to be performed on Communication Cable. This test confirms the communication from utility pole or manhole to the controller.

**Communication Cable under test runs from:**

Utility Pole  OR Manhole   
**Route:** \_\_\_\_\_ **MM** \_\_\_\_\_ . \_\_\_\_\_ **NB/SB/EB/WB/Median**  
**Nearest Side Street Name:** \_\_\_\_\_

**TO**

ITS Controller  OR ITS Cabinet   
**Route:** \_\_\_\_\_ **MM** \_\_\_\_\_ . \_\_\_\_\_ **NB/SB/EB/WB/Median**  
**Nearest Side Street Name:** \_\_\_\_\_

**Length of Communication Cable under test (in feet)** \_\_\_\_\_

**Cable Manufacturer:** \_\_\_\_\_

**Cable Model No:** \_\_\_\_\_

**1: Requirements:**

No.	Task	Required Value	Actual Value	Pass	Fail	Comments
I.	Ensure that there are no splices in the section of cable between the terminal block and the device					
II.	Verify that terminal block enclosure on the utility pole is weather tight (if applicable)					
III.	Verify communication between controller and terminal block server					
IV.	Confirm that cable Connections are in compliance with contract documents					
V.	Verify minimum required slack	Cabinet – 3' Manholes – 10' Utility Poles – 10'				
VI.	Verify grouping and identification tags on new and existing conductors					
VII.	Verify ground resistance of all conductors including the shield					
VIII.	Perform continuity of each pair to verify resistance					
IX.	Verify cable tags provides correct information and are secured with nylon cable ties					

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**LEVEL 1 TEST RESULTS:**

PASS

FAIL

**Correction Work Items:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

We agree that testing of the Communication Cable has been performed and that the information above accurately represents the results of the test.

Contractor Name: \_\_\_\_\_

Contractor Representative Name: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

ITS Inspector Name: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

Resident Engineer Name: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

**Corrected Work Items:**

**ITS Inspector Signatures & Date**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_