



U.S. General Services Administration

Federal Acquisition Service

Site Survey Template

GSA Transition Coordination Center

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PREPARED FOR

General Services Administration

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PREPARED BY

CACI

1100 North Glebe Road

Arlington, VA 22201

703-841-7800

GSA Transition Control Center Transition Library Services Number: TCCTLS30001

Apptis CM Control Number: ASD-TCC-yy-nnnn-nnnn

The following are procedural guidelines that must be followed when setting up and conducting a site survey.

1. The telecommunications firm will deliver in writing, at least one week in advance of the date it wishes to conduct the site survey, a request to the relevant Customer representative noting the building(s) it would like to visit and stating that the information gathered during the survey will be used to provide telecom service exclusively to Federal customers.
2. The letter provided by the telecommunications firm will also include the name, date of birth, social security number and driver's license number of each of its representatives who will be conducting the survey. Additionally, the letter will provide the name of a contact person; his/her phone number and email address.
3. As cameras are restricted in many federal facilities, a telecommunications firm wishing to have its representatives take photographs during the site survey must put this request in writing to the relevant Customer representative.
4. If appropriate given the security profile of the particular building where a site survey is to be scheduled, a background check will be conducted on the representatives of the telecommunications firm who are seeking entry into the building.
5. While performing the site survey all appropriate templates and checklist should be filled out. This includes the site survey and checklist.
6. The site survey will be scheduled at a time agreeable to the building manager and/or realty specialist.
7. At the time of the site survey, the representatives of the telecommunications firm must provide proper identification, such as a valid driver's license. The on-site Customer representative will verify these are the same individuals whose names were provided in the telecommunications firm's letter requesting the survey.
8. The building manager or his/her designee will accompany representatives of the telecommunications firm throughout their visit to the given building. If appropriate, building security personnel may also be present.
9. Representatives of the telecommunications firm will disturb nothing on site without the consent of the building manager or his/her designee. This includes drilling into the roof, taking photographs, and moving or installing wiring or equipment.
10. Representatives of the telecommunications firm will not distribute information or canvass occupants of the building during the site survey.
11. If a follow-up visit is required, this same procedure will be followed.

Agency Information																			
1) Agency:	2) Sub-Agency:																		
3) Bureau/Division Name:																			
4) Site and Agency Hierarchy Code:	5) Street Address:																		
6) Agency Point of Contact (First and Last Name, Title, Phone, Fax and Email):																			
7) Secondary Agency Point of Contact (First and Last Name, Title, Phone, Fax and Email):																			
8) Agency Transition Manager (if different than above POCs):																			
9) Date and Time of Scheduled Survey and with Whom:																			
10) Site Description (include DEMARC location in the building(s) being surveyed):																			
11) Environmental: <table style="margin-left: 20px; border: none;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>*Cameras Allowed On-site?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Building Manager On-site?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Secure Premises?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> *Appropriate request provided to Agency?		Yes	No	*Cameras Allowed On-site?	<input type="checkbox"/>	<input type="checkbox"/>	Building Manager On-site?	<input type="checkbox"/>	<input type="checkbox"/>	Secure Premises?	<input type="checkbox"/>	<input type="checkbox"/>	12) Course of Action <table style="margin-left: 20px; border: none;"> <tr> <td>a) Ready for Transition</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b) * Changes necessary for site transition</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c) * Recommendations</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> * For b and c please use comments section for explanation	a) Ready for Transition	<input type="checkbox"/>	b) * Changes necessary for site transition	<input type="checkbox"/>	c) * Recommendations	<input type="checkbox"/>
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13) Comments:																			

Cutover Checklist

I. Building/ Wiring Specifications

Is this a historical building? Y N

Does this site have an asbestos report available? Y N (If yes, provide copy of report.)

Is a floor plan available? Y N

(If so, provide copy of plans. If not, make approximate drawing of space on back or provide a copy of the evacuation plan.)

Provide approximate dimensions and square footage of work room and office space. _____

What type of ceiling in office area? _____ Ceiling height? _____

What type of ceiling in workroom area? _____ Ceiling height? _____

Will cable be run overhead, through floor ducts or cable raceways? _____

Are power poles required? Y N If yes, state quantity and length required: _____

Systems/Modular furniture present? Y N Number of stations: _____ Fed from: () Above () Below

Are conduits available? Y N If yes, size of conduit: _____

Is conduit empty? Y N If not how much space is available? _____

Will core drilling be required? Y N State location, material and thickness to be drilled: _____

Will any fire retardant backboards need to be installed in the MDF/IDF? Y N How many? _____

How many conduits / firewall penetrations requiring fire stop or firebrick are being used? _____

II. New Cable Runs:

Describe type and quantity of new cable requested:

_____ # CAT 3 Cable Type () 1Pr () 2Pr () 4Pr () Plenum () Non-Plenum

_____ # CAT 5 Cable Type () 1Pr () 2Pr () 4Pr () Plenum () Non-Plenum

_____ # CAT 6 Cable Type () 1Pr () 2Pr () 4Pr () Plenum () Non-Plenum

Measure longest and shortest cable runs at location. Provided actual simulated installed length for cable runs.

Longest _____ Shortest _____ Average Run Length _____

Approximately how much cable is required? (Sum total of cable runs in feet) _____

Will wall molding be required? Y N If yes, how much and what type? _____

Will cable removal be required? Y N If yes, number of cables to be removed _____

Number of Information Outlets required: _____ () Simplex () Duplex () Triplex () Quad
 Number of surface mount: _____ Number of flush mount: _____
 Specify number of voice runs vs. data runs per faceplate if applicable: _____
 if CAT 3 cable, terminate with () RJ11 jacks? () RJ45 jacks?
 If CAT 5/6 cable, what type of patch panel required? () Rack mount () Wall mount Number of ports: _____
 Punched down as: () 568A () 568B
 Riser Cable: () 2SPr () 50Pr () 100Pr () 150 () 200Pr () Plenum () Non- Plenum
 Length of Riser Cable: _____

III. Reuse Cable:

If reusing cable, indicate type of old cable: () 1 Pr () 2Pr () 4Pr () 25Pr
 () CAT 3 Cable () CAT 5 Cable () Plenum () Non-Plenum () Other _____
 Condition/ age of old cable? _____
 How will cable be jacked/ terminated? () RJ11 () RJ45 () RJ31X for CAT 5: () 568A () 568B
 Indicate # of cables to be reused: _____

IV. Fiber:

Is there a fiber requirement? Y N () Single Mode () Multi Mode
 If so, how many strand fiber? () 6 () 12 () 24 () Other: _____
 What type of termination? () ST () SC () Other: _____
 Fiber length in feet: _____
 What will fiber connect to? _____
 Is Innerduct required? Y N If yes, number of feet required: _____

V. New System Install:

Where will system be installed? (Give room number/ name): _____
 Is there adequate space for the system? Y N
 Is there adequate ventilation? Y N
 Building ground available? Y N
 Dedicated power source available? Y N
 Battery Backup System Required? Y N If yes, # of hours: _____
 Is RJ21X in room where phone system is to be installed? Y N If NOT, distance to existing RJ21X _____
 Number of instruments required: _____ Single Line _____ Multi Line _____ Multi Line with Display _____ Other _____

VI. If Relocating an Existing System:

If relocating an existing system provides Model / and Manufacture: _____

_____ # of Stations: _____ Single Line _____ Multi Line _____ Multi Line with Display _____ Other

Ancillary devices? (Give #): _____ Fax _____ Modem _____ TDD _____ Other

Where will system be installed? (Give room number/ name): _____

Is there adequate space for the system? Y N

is there adequate ventilation? Y N

Building ground available? Y N If NOT, distance to nearest building ground: _

Dedicated power source available? Y N

Battery Backup system required? Y N If yes # of hours: _____

Is RJ21 X in room where phone system is to be installed? Y N If NOT, distance to existing RJ21X: _____

VII. Paging System:

Does it have an existing paging system? Y N Will Paging Interface be required? Y N

Is a new paging system required? Y N

Number of speakers required? _____Horns _____ Bi-Directionals _____ Ceiling/P-Tecs

Approximate speaker cable length required in feet: _____

Are Attenuators required? Y N If yes, give quantity: _____

Are zones required? Y N If yes, give quantity: _____

VIII. Network Upgrade / Install:

Are Local Area Network or Wide Area Network equipment and services required? If Yes, Please fill in this section.

What network equipment exists: () Switch () Hub () Router () Bridge

What style is the existing network equipment? () Standalone () Chassis () Both

How many switch ports exist currently? _____

How many additional ports are needed? _____

What is the bandwidth being delivered to stations? () 10 Mb () 100 Mb () 1 Gb

What is the bandwidth on the backbone (between switches)? () 100 Mb () 1 Gb

What is the bandwidth to servers? () 100 Mb () 1 Gb

What type of cabling is used for LAN services? () Cat 5 / 5e () Cat 6 () Fiber

What types of applications are being used?

() Email () Internet Access () File/Print Services () Voice over IP

() Video Conferencing () Application Services () Database Services () Other: _____

Is the email server provided: () In House () ISP () WAN / Headquarters

Will the customer (allow / require) a network analysis prior to upgrade / install? Y N

Are there any offsite locations to consider? Y N If Yes, How many? _____

Please attach a list of locations, including the type of service and bandwidth to each.

Does adequate Power and Uninterruptible power exist for additional equipment? Y N

Does adequate Rack space exist for additional equipment? Y N