



CHECKLIST FOR SRWS INSTALLATION

AGENCY NAME : _____

AGENCY ADDRESS : _____

CONTACT PERSON : _____ DESIGNATION: _____

MOBILE NO. : _____

AGENCY PHONE NO. : _____ FAX NO: _____

EMAIL ADDRESS : _____

INTERNET CONNECTION

FIBER OPTICES WIRELESS CABLE NET ADSL

INTERNET SERVICE PROVIDER (ISP): _____ BRANDWIDTH: _____

----- **FOR OFFICE USE ONLY** -----

INSTALLATION DETAILS:

PCC : _____

PLAN TO CUTOVER DATE: ____/____/____

CUTOVER ON: ____/____/____

UPDATE ON HELPDESK:

PCC ON KEY TJR 0 LEVEL STAR PQ Update in TJR

	LNIATA	EPR (SI)	PASSWORD	Installed By
1				
2				
3				
4				
5				
6				

Remarks:

Prepared By
Name :
Date :

Checked & Logged By
Name :
Date :