FIBER OPTIC ACCEPTANCE TEST CHECKLIST

Date: _____ Test Representatives: _____

Test Location: _____ _____

Pad ID		RM Model
Fiber Rayleigh Coefficient		RM s/n
Fiber Index of Refraction		PM Model
OTDR Model		PM s/n
OTDR s/n		Source Model
OTDR Pulse Width		Source s/n
	Visible Cable Defects	

Color Tube/Fiber	**Terminal** Panel/Position				**As tested at 1310nm**			
		A (db)		L (m)	A (db/Km)	IL (db)	RL (dB)	Results

Notes and Remarks: _____

Test Witnessed and Verified:

_____ _____

Name / Signature /Date Name / Signature /Date

_____ _____

Name / Signature /Date Name / Signature /Date