

# Splice Kit Monthly Report

Date: \_\_\_\_\_ System: \_\_\_\_\_ Assigned To Tech: \_\_\_\_\_

Splicer Model & Serial # \_\_\_\_\_ Splice Count \_\_\_\_\_

Cleaver Serial # \_\_\_\_\_ Cleaver Blade Position # \_\_\_\_\_

**Project Manager: Fill in the following five areas based on your observations during the Monthly Inspection. Rate each section 1 to 5 per grading criteria on page 2 of this document. Add any notes deemed necessary.**

1. From your observations, give your estimation of the **EXTERIOR CONDITION of SPLICE MACHINE**. Note exterior cleanliness, scratches, "dings" or missing parts. **Rate 1 to 5.**

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2. From your observations, give your estimation of the condition of the **ELECTRODES and PRISM**. Note overall cleanliness, operational function, and record any observed problems. **Rate 1 to 5.**

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3. From your observations, give your estimation of the **CLEAVER CONDITION**. Note overall cleaver cleanliness, operational function, and record any lose or missing parts. Note if blade position has been advanced. **Rate 1 to 5.**

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4. Inspect thoroughly the **CARRYING CASE**; Check conditions of all straps/clasps for wear and overall condition. Check case for cleanliness and wear. Note any issues. **Rate 1 to 5.**

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5. Inspect all **Accessories**; inspect all fiber holders, power supplies, and chargers for cleanliness and proper operation. **Rate 1 to 5.**

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*I attest to the care/condition of this Splice Kit as noted above. In addition, I confirm by my signature that the full process of daily, weekly, and monthly inspections/checks have indeed occurred under my leadership.*

**Project Manager Signature** \_\_\_\_\_

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## Grading Criteria 1 Through 5

1. LIKE NEW
2. NORMAL WEAR / FULLY FUNCTIONAL / CLEAN
3. NORMAL WEAR / FULLY FUNCTIONAL / NEEDS CLEANING
4. ABNORMAL WEAR / ABNORMAL FUNCTION / NEEDS CLEANING / POSSIBLE REPAIR NEEDED
5. ABNORMAL WEAR / REPAIR NEEDED