

# Splice Machine Monthly Report

Date: \_\_\_\_\_ System: \_\_\_\_\_

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

Assigned to (Tech name): \_\_\_\_\_

***Please respond to these four areas based on your PERSONAL review and supervision of the Monthly Inspection and Deep Cleaning process on this particular splice machine:***

1. From your observations and notes, give your estimation of the **EXTERIOR CONDITION**. Specifically, note exterior cleanliness and loose or missing parts and/or screws. Report on any signs of damage such as broken heat oven cover or for any roughed up corners or scratches to plastic or rubber parts:

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

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3. From your observations and notes, give your estimation of the **CLEAVER CONDITION**. Note overall cleaver cleanliness, operational function, and record any lose or missing parts or screws. Note any dust and/or glass shards accumulated in corners and crevasses. Note if blade position has been advanced.

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4. Inspect thoroughly the **Carrying Case and Accessories** for cleanliness and wear. Inspect for dust/dirt or trash. Note condition of all straps/clasps for wear and cleanliness. Inspect all fiber holders, power supplies, and chargers for cleanliness and proper operation. Give estimation of **CASE/EQUIPMENT CONDITION**.

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*I attest to the care/condition of this splice machine 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** \_\_\_\_\_