

SITE SURVEY FORM USP PHASE 3

CUSTOMER : KLINIK DESA / PERPUSTAKAAN DESA

SITE CODE : _____

SITE NAME : _____

DATE OF SITE SURVEY : _____

NAME OF SURVEYORS (OTHERS)
(Other than registered in the web site)

NO	NAME	COMPANY /SECTION	PHONE NO	FAX NO	EMAIL
1					
2					
3					
4					
5					
6					
7					
8					
9					

1.0 SITE'S INFORMATION

1. Site Name:

2. Full Address :

.....

.....

3. Contact Person

NO	Contact Person	PHONE NO	FAX NO	EMAIL
1				
2				

4. Local Council: _____

5. Transportation Accessibility

Mode of transportation to the site:

Air : From _____ to _____

Road : From _____ to _____

Boat : From _____ to _____

Others : From _____ to _____

6. Type of Building:

i). Woodenn Bricks Mix

ii). Single Storey Double Storey Multi Storey

7. Type of Soil / site: Swampy
Comment: _____

8. Type of Premises
i). Stand Alone Shared Temporary
ii). Rented Own Tenancy Expiration: _____

iii). Compound: Own / Shared / No

9. Availability of:
Office Phone Y/N Qty: _____
Public Phone within 100 m Y/N Qty: _____
PC Y/N Qty: _____

10. Potential Risks:
Flood Frequency: Seldom/Always Water Level: _____m
Security/Safety Lightning Strikes Fire Hazards
Wild Animal Others

Remark:

2.0 ELECTRICAL WORKS

1. Type of Power Source :

- i). AC Power (Spec:240+10V,13A,Single Phase)
- ii). DC Power Please specify_____
- iii). Solar System
- iv). Gen Set

2. Availability of Power Source (Mains / Gen Set)

- 24 Hours supply (commercial TNB) More than 12 hours supply
- Less than 12 hours supply Availability Shed for new Gen Set

3. Stability of the power source for 24 hours of supply :

- Good Bad

4. Existing Grounding:

- i. Yes No
- ii. Good Bad
- iii. Existing Grounding Ohmage: _____ Ohm

5. Other Remarks:

5.0. CIVIL WORKS

5.1 VSAT

1. Antenna Mount Installation: Ground Rooftop Wall

(Specification for ground base concrete : 1500mm x 15000 mm x 200 mm)

For rooftop and wall installation, please propose additional requirements (if necessary)

2. Antenna support Type: Penetrating Non Penetrating

3. Grounding facilities: *(Specification: Impedance < 10 Ω and have good continuity)*

Existing: New
(Building) (Independent)

4. Storage for VSAT equipment prior to installation:

Available Not Available

Please specify the storage location: _____ and

Contact person: _____

5. Cable routing (Should include conduit and IF – RG 6 less than 40 meters/RG 11 up to 100m)
(Please draw the IF cables and power cable routing plan at Section 6 together with the grounding cabling)

a). IF Cable : Distance : _____ meter

6. Other Remarks :

5.2 Solar Power (if required)

1. Solar Installation: Ground Pole Rooftop
Not Possible/No Space

(Specification for ground base concrete: 450mm x 150mm) Please indicate the position of Battery bank and Charge Regulation in the "Susunatur Dalaman".

For rooftop and wall installation, please propose additional requirements (if necessary)

2. Cable (Please draw the power cable routing plan at Section 6 together with the grounding cabling)

Cable distance: _____ meter

3. Other Remarks :
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5.3 Generator Set (if required)

1. Genset Installation:

(Specification for ground base concrete: 1200 mm x 250mm c/w shafe) Please indicate the position of "Susunatur Tapak"

2. Cable (Please draw the power cable routing plan at Section 6 together with the grounding cabling)

Cable distance: _____ meter

3. Other remarks:
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