# SPECIAL INVENTORY AND RECORDS' CHECK OF CUSTOMERS' EQUIPMENT

### 1. GENERAL

- 1.02 This section is issued to provide for an inventory of items of equipment in service on customer premises on repair visits as provided for in Joint Practice No. 76.
- 1.03 This is to be a physical check only and no verification of information on Plant records with the test center is to be made. If the employee observes telephone sets or equipment which were obviously placed by the customer or which are not connected, a notation should be made in the "Remarks" space of the special form. The employee should not discuss the matter with the customer. This will be handled by the Commercial Department in the normal manner.
- 1.04 The check will be made annually. The time and duration of the check will be determined interdepartmentally as covered by Joint Practice No. 76. Field checks, as covered in detail later in this instruction, shall be made on Monday through Friday only. No checks shall be made on Saturday or Sunday.
- 1.05 The checks shall include all residence, coin, and small business customers where access is made to the premises by an employee on an assigned or routine repair visit. Small business consists of regular main and extension station equipment and miscellaneous features and items only. No check shall be made where customer has key, P.B.X. or other complex services.

#### 2. PREPARATION OF SPECIAL FORM

- 2.01 On all assigned and routine repair cases, the employee regardless of title, shall originate Form SW-6262, "Physical Check of Customer's Station Equipment." (See Exhibit 1.) The number of forms originated during any tour shall agree with jobs as reported on S-6212, Daily Work Report.
- 2.02 Entries on forms shall be as follows:

District - Show name of district.

Exchange - Show name of wire center.

Class of Service - Place X in Residence, Business, or Coin as appropriate; TWX, Private Line, etc., should be shown as "Other."

- Telephone No. Enter customer's telephone number. TWX, Private Line, Case or Plant Order No. shall be shown in this line as appropriate.
- Name Enter customer's name, if
   available.
- Address Enter customer's address.

  Show also room or apartment number where involved.
- S-6212 Job No. Enter job number of the entry on the Daily Report covering the assignment.
- Station Equipment Enter the number of items of station equipment in the proper category and column to show black and color and regular and long main cords. Use blank lines for items not listed including long handset cords, multi-pad push buttons, etc.
- Complete Check of Customer's Equipment Place X in "Yes" or "No"
  as appropriate.

If "Yes" is checked, enter the number of minutes required for check and show date and time and sign form.

If "No" is checked, place X in appropriate box to indicate "no premise visit necessary, " "P.B.X., key, or complex equipment, " or "no access"; if access is gained to the customer's premise, but no inventory is made, check "no authorized person" on premise, "person sleeping" (member of household asleep on premise), "illness" (person sick on premise), or "customer refusal" (customer refused permission). In the latter case, or if no inventory is made for reasons other than listed on form, explain in "Remarks" space or on back of form. Enter date and time and sign form.

On all "Customer refused permission" cases, employee shall forward a memo of the case to his supervisor, who shall arrange to make the inventory himself.

Where the supervisor makes the inventory, he shall prepare Form SW-6262 and forward it to the accounting office with a cross reference to the employee's name and date of the original visit so that the two inventory forms may be matched.

If the supervisor is refused permission to make the inventory, the case shall be referred to higher level of management for special treatment.

#### 3. FIELD CHECKS

3.01 On all assigned and routine repair visits where access to the customer's premise is made, the employee shall make a

Attached: Exhibit 1

check of all items of equipment on the premises and list the items on Form SW-6262 as outlined in Paragraph 2.

- 3.02 This check shall include an inspection of the protector and connector blocks for wiring that may feed equipment not readily noticeable.
- 3.03 During check of the equipment, any potential trouble making conditions noticed by employee shall be corrected. If such conditions require replacement of equipment or wiring that cannot be corrected on the visit, the conditions shall be reported in the regular manner for later correction.
- 3.04 Before making the check on the premises, the employee shall ask the customer for permission, and explain that he wants to make the check to correct conditions that may affect his service, and to verify the company records of his service.

#### 4. FORWARDING OF SPECIAL FORMS

- 4.01 All special forms originated during any tour shall be turned in by the employee attached to the Daily Work Report covering the tour in the normal manner.
- 4.02 Checks shall be made by the supervisor to determine that a special form has been originated for each job as listed on Forms S-6212, Daily Work Reports. The special forms shall be left attached to the corresponding Daily Work Report and forwarded to the accounting office in the regular manner.

## EXHIBIT 1

		FORM SW 6262						
CUSTO	TION	EQUIPMENT						
DISTRICT					CLASS OF	SERVI	CE	
EXCHANGE			***************************************	RES.	BUS.	COIN	OTHER	
TEL. NO.	TEL. NO.				S 6212 JOB NO.			
NAME								
ADDRESS								
STATION		NUMB	ER OF		RECORD			
EQUIPMENT	<del></del>	MS		RDS	CHECK			
H-HH-HC HCAB WHAB	BLK	COL	REG	LG				
PRINCESS	$\supset$	1						
NITE LITE	Ĭ	$\supset$	$\bowtie$	$\times$				
EX. BELL		$\boxtimes$	$\bowtie$	$\times$				
EX. GONG		$\geq$	$\searrow$	$\times$				
JACKS		$\geq$	$\geq \leq$	$\geq \leq$				
KEYS		$\geq$	$\geq$	$\geq \leq$				
RELAYS		$\geq$	$\geq$	$\geq$				
HORN, SIGNAL ETC.		$\geq$	$\geq$	$\geq$				
PUSH BUTTON	ļ	$\geq$	$\geq$	$\geq$				
BUZZERS	ļ	$\geq$	$\geq$	$\geq$				
	ļ	ļ						
	ļ	ļ						
COMPLETE CHECK OF CUSTMERS EQUIPT. MADE	YES	NO		NO P	REMISE VI	SIT NECE	SSARY	
REMARKS:			<u></u>	PBX.	KEY, OF	COMP.	EQ.	
			NO ACCESS					
			ACCESS BUT NO INV. MADE					
			ļ	NO	NO AUTH. PERSON PERSON SLEEPING ILLNESS			
				PERS				
		ILLN						
MINUTES REQUIRED FOR PLANT CHECK:				CUSTOMER REFUSAL				
DATE TIM	E		NAM	E				