

APPENDIX B

ESCALATION PROTOCOL

Escalation Rule		Further Explanation
1	Identify correct escalation path	Before any issue is escalated, sufficient investigation should be undertaken to ensure that the functional group that will most likely be responsible for resolving the issue has been correctly identified.
2	Attempt to resolve issues at BAU level before escalating them	Every effort should first be made to resolve an operational issue at the BAU level, i.e. direct communication between the originator and the recipient.
3	First escalation should be via email	In the first instance an escalation at BAU level should be sent by email with the email subject line beginning with "ESCALATION". The email should contain the relevant history of the issue, including the escalation history and when applicable the customer name, the name of the Relevant Facilities and fault/service order numbers.
4	Level one and two escalations shall be peer to peer	If an operational issue can not be resolved at the BAU level it must first be raised by the team member with his or her own team leader/manager. If the team leader/manager agrees that the issue warrants being escalated to the other Party they shall contact his or her peer in the other organisation and endeavour to resolve the issue between them - this would normally be the level one escalation point. Under no circumstance should this step in the escalation path be bypassed unless every reasonable attempt to communicate with his or her peer in the other organisation has failed. Only then should the level one contact in Party A attempt to escalate the issue to the level two contact in Party B. Subject to the above, level two escalations should also be peer to peer.
5	A mutually agreed plan of action to resolve an issue shall not be interfered with by other individuals	If a plan of action to address an escalated issue has been agreed to by both Parties then no other individual from either organisation should attempt to interfere with that agreement. If another individual has a concern with an already agreed plan of action they should raise it in the first instance with the person in his or her own organisation that was Party to the original agreement.
6	People who do not follow the above rules will be redirected to the correct point of escalation	If, as part of an escalation, an individual is contacted by a person from the other Party and it is discovered that the contacting person has not followed the protocol described above, then the person contacted can at his or her discretion respectfully redirect the contacting person to the correct point of escalation.

APPENDIX C

MOBILE CO-LOCATION FORECASTING SPREADSHEET

Forecasting Spreadsheet

Access Provider:

Access Seeker:

Quarter

Committed Forecast

		Site Data Pack Applications									Changes to or within Access Seeker Space			Mobile Co-location Build Period commencement		
		Month 1			Month 2			Month 3			AKL	WLG	CHC	AKL	WLG	CHC
		AKL	WLG	CHC	AKL	WLG	CHC	AKL	WLG	CHC						
Quarter 1	<i>Regional</i>	5	3	2												
(binding)	Q1 Total	10														
Quarter 2	<i>Regional</i>															
	Q2 Total															
Quarter 3	<i>Regional</i>															
	Q3 Total															
Quarter 4	<i>Regional</i>															
	Q4 Total															

Indicative Forecast

		Site Data Pack Applications									Changes to or within Access Seeker Space			Mobile Co-location Build Period commencement		
		Month 1			Month 2			Month 3			AKL	WLG	CHC	AKL	WLG	CHC
		AKL	WLG	CHC	AKL	WLG	CHC	AKL	WLG	CHC						
Quarter 5	<i>Regional</i>															
	Q5 Total															
Quarter 6	<i>Regional</i>															
	Q6 Total															
Quarter 7	<i>Regional</i>															
	Q7 Total															
Quarter 8	<i>Regional</i>															
	Q8 Total															

APPENDIX D
PRIORITY LIST

Priority List

Access Provider:

Access Seeker:

Month

Priority	AP Unique ID	Name of Relevant Facilities
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
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27		
28		
29		
30		

APPENDIX E

MOBILE CO-LOCATION TASKS

	Target timeframes
Mobile Co-Location Tasks (Single Site)	
Stage 1 - Site Desktop Assessment	10 days
AS submits Site Data Pack Application	0 days
AP issues Site Data Pack, AP sends letter of notice to Landlord	5 days
AS confirms and submits Initial Site Application or declines to proceed	5 days
Stage 2 - Detailed Site Design	61 days
AP confirms that AS Initial Site Application received	1 day
AP and AS conduct Detailed Site Design Visit	20 days
AS submits Full Site Application, which includes Detailed Site Design	20 days
AP confirms Full Site Application received, AP issues Conditional Site Approval or rejects with reasons	20 days
Stage 3 - Landlord/Third Party Approvals, RMA Consents and Final Site Approval	135 days
AS obtains Landlord and third party approvals	60 days
AS obtains RMA consents	60 days
AS provides Conditional Notice to AP that all conditions in Conditional Site Approval fulfilled	5 days
AP confirms Conditional Notice received, AP issues Final Site Approval or rejects with reasons	5 days
AP and AS execute Site Agreement	5 days
Access Seeker Build	250 days*
Stage 4 - AS seek Approval to Build	50 days
AS submits Project Plan	20 days
AP reviews Project Plan, approves Project Plan and issues Approval to Build or requests changes to Project Plan if required	10 days
AS re-submits Project Plan with amendments if changes required	10 days
AP approves Project Plan and issues Approval to Build or rejects with reason	10 days
Stage 5 - Mobile Co-Location Implementation	200 days*
Mobile Co-location Pre-build Phase	120 days
Mobile Co-location Build Period	60 days
Protocol for deployment of solution (in accordance with Interference Management and Design document)	*
Project Closure	20 days

* Refer to Interference Management and Design document for timeframes relating to the protocol for the deployment of a solution

APPENDIX F
SITE DATA PACK APPLICATION

Site Data Pack Application

This form is to be completed by the Access Seeker. All fields must be completed. If a field is not relevant to this particular application mark as not applicable.

Access Provider	
Access Seeker	

Information from the Common Format Site Database	
AP Unique Identifier	
Name of Relevant Facilities	

Access Seeker Project Manager	
Name	
Email	
Phone Number	

Additional Information
<p>The Access Seeker requests that the Access Provider include the following additional information in the Site Data Pack:</p>

Date of Application	
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APPENDIX G
SITE DATA PACK

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

Date	
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Site Data Pack

The Site Data Pack is prepared by the Access Provider. The form needs to be completed and the checklist sets out the required information to be provided with this form to complete the Site Data Pack.

Relevant Facilities Details	
Site Address	
AP Unique Identifier	<i>From Common Format Site Database</i>
Mast Type	<i>From Common Format Site Database</i>
Headframe Type	<i>From Common Format Site Database</i>
Spare Structural Capacity (%)	<i>From Common Format Site Database</i>
Access Providers Housing Type	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Additional information regarding the above	

Access Provider (AP):

Access Seeker (AS):

AP Unique Identifier:

AP Project Number:

Date	
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Checklist of Site Data Pack Information

If any of the information listed below is not included in the Site Data Pack state the reason for this in the "Comments" column

Item Number	Description	Attached	Document Name/Reference	Comments
1	Right of Relevant Occupation Outlining information on the Access Provider's current property rights relevant to co-location including conditions/limitations on right to sub-let or sub-licence	<input type="checkbox"/>		
2	Site Plan Detailing space in use, planned and available	<input type="checkbox"/>		
3	Access Information Detailing any special access requirements. The Access Provider to include details regarding the level/standard of maintenance of the existing track (eg. metalled, 4WD only, dirt track)	<input type="checkbox"/>		
4	RF Information Antenna types and EME Plumes for both integrated and planned antenna	<input type="checkbox"/>		
5	Hazards Identify any known hazards or health and safety issues	<input type="checkbox"/>		

Access Provider (AP):

Access Seeker (AS):

AP Unique Identifier:

AP Project Number:

Date	
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Checklist of Site Data Pack Information

If any of the information listed below is not included in the Site Data Pack state the reason for this in the "Comments" column

Item Number	Description	Attached	Document Name/Reference	Comments
6	Special Circumstances/Conditions Any other relevant special circumstances or conditions that may impact on the Access Seeker's Initial Site Application	<input type="checkbox"/>		
7	Additional Information Requested by Access Seeker Additional information requested by the Access Seeker in the Site Data Pack Application	<input type="checkbox"/>		
8	Other Additional Information Any other relevant information the Access Provider considers relevant to a co-location at this site	<input type="checkbox"/>		

APPENDIX H

LETTER OF NOTICE TO LANDLORD

[ACCESS PROVIDER'S LETTERHEAD]

[DATE]

[ACCESS PROVIDER'S ADDRESS]

LETTER OF NOTICE OF PROPOSED CO-LOCATION-[NAME OR REFERENCE OF FACILITY]

I refer to the agreement between [landlord] and [Access Provider] dated [insert date] regarding our mobile telecommunications facility on your property (" **Facility [X]**").

The Commerce Commission has prepared a final standard terms determination in relation to the co-location on cellular mobile transmission sites in New Zealand. Co-location allows the mobile equipment of a network operator to be installed on another operator's tower. This can reduce the costs associated with the setting up of cell sites by sharing facilities between network operators.

In this context, [Access Provider] has received from [Access Seeker] an initial request for information in order for [Access Seeker] to assess whether Facility [X] may be suitable for co-location.

At this preliminary stage, an arrangement for co-location at Facility [X] has not been concluded between [Access Provider] and [Access Seeker].

Should [Access Seeker] choose to progress a proposal for co-location, there are several steps which it must follow in order to establish a shared facility. These may include visiting the facility, developing a design, and discussing with you any specific details in relation to Facility [X].

[Access Seeker] is also responsible for obtaining any necessary consents in relation to [Access Seeker's] proposal for co-location, including your consent if this is a requirement under our agreement.

Should [Access Seeker's] proposal proceed to implementation, equipment would need to be installed at Facility [X].

[Access Seeker representative name and contact details] will be the principle point of contact in relation to [Access Seeker's] proposal, and will deal directly with you.

If you have any queries or concerns in relation to [Access Seeker's] proposal please do not hesitate to contact [Name of contact person] of [Access Provider] on [direct dial number] or [email address].

Yours sincerely
[Access Provider]

[Name]
[Designation]

APPENDIX I
INITIAL SITE APPLICATION

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

Date	
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Initial Site Application

This form is to be completed by the Access Seeker. This is the Access Seeker's formal request to undertake a Detailed Site Visit with the Access Provider. In this Initial Site Application the Access Seeker outlines its preliminary proposal so the Access Provider can prepare for the Detailed Site Design Visit.

SECTION 1: ACCESS PROVIDER, ACCESS SEEKER & RELEVANT FACILITIES DETAILS

Access Provider		Access Seeker	
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Information from the Common Format Site Database

AP Unique Identifier	<i>From Common Format Site Database</i>
Name of Relevant Facilities	<i>From Common Format Site Database</i>
Region	<i>From Common Format Site Database</i>
Co-Ordinates	<i>From Common Format Site Database</i>
Mast Type	<i>From Common Format Site Database</i>
Head frame Type	<i>From Common Format Site Database</i>

Description of Access Seeker's Service & Reason for Equipment	
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Date of Application	
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Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

Date	
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SECTION 2: CELLULAR ANTENNAS (ANT)

Proposed Cellular Antennas									
Antenna Reference <i>(these are the references to be used elsewhere in this form and on plans to be prepared)</i>	ANT1	ANT2	ANT3	ANT4	ANT5	ANT6	ANT7	ANT8	ANT9
Technology (UMTS, GSM etc)									
Operating Frequency Band (eg. 900, 1800, 2100, 900/2100)									
Make & Model									
Dimensions (H x W x D)									
Weight (Kg)									
Azimuth (TN)									
Polarity									
Gain (dBi)									
Vertical beam width (dBi)									
Horizontal beam width (dBi)									

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

Date	
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Antenna Reference <i>(these are the references to be used elsewhere in this form and on plans to be prepared)</i>		ANT1	ANT2	ANT3	ANT4	ANT5	ANT6	ANT7	ANT8	ANT9
Indicative mounting height (to top of antenna)										
Maximum power per carrier (W)										
Number of carriers										
Band width per carrier										
Frequency Range (MHz)	Transmit									
	Receive									

Cellular Antenna Ancillaries				
Set out below any ancillary items to the cellular antennas such as MHA's, diplexer/triplexers, filters etc. Provide a description and complete the other columns as far as they are relevant to the particular item.				
Item	Description	Make and Model	Weight (kg)	Dimensions/Size

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

Date	
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Support Infrastructure for Cellular Antennas and Ancillaries

All cellular antennas and cellular antenna ancillaries to be attached to the Mast or the head frame must be listed below.

Item (eg. ANT1, ANT2, MHA) (Items can be grouped if they are being attached in the same way. eg. ANT1-ANT6)	Method of Attachment (the Access Seeker needs to set how they propose to attach the item)					Existing/New (Is the support infrastructure already installed?)
	Attach to the Mast/ Head frame	Support Type	Make and Model	Weight (kg)	Dimensions/ Size	

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

Date	
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SECTION 3: MICROWAVE DISH ANTENNAS

Proposed Microwave Dish Antennas							
Ref	Make & Model	Size	Weight (Kg)	Azimuth (TN)	Polarity	Operative Frequency	Indicative mounting height (to centre of dish)
MW1							
MW2							
MW3							

Support Infrastructure for Microwave Dish Antennas						
Details must be completed for each microwave dish antenna listed in the table above.						
Item	Method of Attachment (the Access Seeker needs to set how they propose to attach the item)					Existing/New (Is the support infrastructure already installed?)
	Attach to the Mast/ Head frame	Support Type	Make and Model	Weight (kg)	Dimensions/ Size	
MW1						
MW2						
MW3						

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

Date	
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SECTION 4: HOUSING

Proposed Housing					
Housing Type (eg. cabinet)	Number to be installed	Make & Model	Dimensions (H x W x D)	Weight (kg)	Carrier Capacity

Access Provider (AP):
 AP Unique Identifier:
 AP Project Number:

Access Seeker (AS):
 AS Project Number:

Date	
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SECTION 5: FEEDERS

Feeders						
	Cellular Feeder/ Microwave Feeder	Feeder type/ size	Number to be installed	Make & Model	Antenna(s) connected by these feeders <i>ALL cellular antennas and microwave dish antennas set out in Sections 2 and 3 of this form need to be referred to (individually or as groups). - eg: ANT1-6, MW1</i>	Length
Group1						
Group2						
Group3						

Support Infrastructure for Feeders

The proposed method for running each group of feeders from the housing to each of the antennas (or group of antennas) must be set out below.

Feeder Group	Method (eg. overhead cable tray from proposed housing to Mast, then inside Mast up to antennas)	Existing/New (Propose to use existing support infrastructure?)
Group1		
Group2		
Group3		

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

Date	
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SECTION 6: SITE PLANS

Assessment of Site Type Solution				
Structure	Is the proposal a Standard Site Type? (Site Type = Mast type + head frame type)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If “Yes” specify reference: _____
RF	Is the proposal an RF Agreed Standard Solution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If “Yes” specify reference: _____
Solution	Is the proposal a Standard Site Type Solution? (Note: if the answer to <u>either</u> of the above questions is “No” then the answer here has to be “No”)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If “Yes” specify reference: _____

Plans to be Provided	
The Access Seeker is to provide with this Initial Site Application a Plan view drawing and an Elevation view drawing indicating all existing and proposed equipment. The Access Seeker can use the drawings of the Relevant Facilities provided in the Site Data Pack (or, where the proposal is a Standard Site Type Solution, the standard drawings), and amend as required.	
The Access Seeker must ensure drawings show ALL the following:	
1. Placement of Access Seeker’s proposed equipment housing	<input type="checkbox"/>
2. Placement of each of the Access Seeker’s proposed cellular antenna and microwave dish antenna. Please use the reference numbers from Sections 2 and Section 3 (eg. ANT1, ANT2, MW1 etc) so corresponding antenna information and feeder information can be related back to proposed antenna placement	<input type="checkbox"/>
3. Horizontal and vertical distance between existing antennas and the Access Seekers proposed antennas	<input type="checkbox"/>
4. Placement of the Access Seeker’s proposed antenna ancillaries	<input type="checkbox"/>
5. RF Plumes on both Plan view and Elevation view drawings. Must show plumes for both existing and proposed (cumulative, if applicable). Plumes must relate to current NZ Standard requirements AND any other local authority requirements	<input type="checkbox"/>

Access Provider (AP):
 AP Unique Identifier:
 AP Project Number:

Access Seeker (AS):
 AS Project Number:

Date	
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SECTION 7: OTHER INFORMATION

Power Requirements

Do you wish to connect to the Access Providers power supply?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes" , please complete the information below	
Load (Kw)	Phases	Supply (V)	Separate Meter		Total Heat – Output Load (kw)
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Statutory Electro Magnetic Radiation Calculation (Compliance with NZS 2772 Part 1 1999 = Safe working distance from antennas)	Ensure standards are stated and shown on the drawings as set out at Section 3
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Access

State anticipated access requirements following completion and integration of equipment (eg. days and times, anticipated number of site visits per week/year)	
Do you wish use the Access Providers existing access route?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

Date	
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SECTION 8: CHECKLIST

Use this checklist to ensure your application is complete	
Information in Sections 1 to 7 are complete	<input type="checkbox"/>
Plan and Elevation drawings attached	<input type="checkbox"/>
Plan and Elevation drawings include all information required, as set out in Section 6	<input type="checkbox"/>

Access Seeker Project Manager	
Name	
Email	
Contact Number	

APPENDIX J
SITE DESIGN NOTES

Access Provider (AP):
 AP Unique Identifier:
 AP Project Number:

Access Seeker (AS):
 AS Project Number:

Site Design Notes

This form is intended to gather information during the Detailed Site Design Visit for completion of the Detailed Site Design and to physically audit the Relevant Facilities. This document is controlled by the Access Seeker.

Not all fields have to be completed during the Detailed Site Design Visit. However all fields must be completed by the Access Seeker before it submits these Site Design Notes for Access Provider approval. If a field is not relevant in this particular case mark the field as not applicable.

SECTION 1: ATTENDEES AND REVIEW OF EXISTING FACILITY

Attendees				
	Access Provider		Access Seeker	
	Name	Signature	Name	Signature
Mobile Co-location Project Manager				
RF Engineer				
Transmission Engineer				
Project Engineer				
Planning Consultant				
Civil Consultant				
Land owner's Representative				
Other (specify) _____				

Date of Detailed Site Design Visit	
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Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

Snap Shot of the Relevant Facilities	
Site Address	
Mast Type	<input type="checkbox"/> Climbable Monopole <input type="checkbox"/> Non-Climbable Monopole <input type="checkbox"/> Lattice Tower <input type="checkbox"/> Other (specify)
Head Frame Type	<input type="checkbox"/> Carousel <input type="checkbox"/> Stacked <input type="checkbox"/> Armed (2 way/3way) <input type="checkbox"/> Other (specify)
Antenna Type Installed	<input type="checkbox"/> Microwave <input type="checkbox"/> Cellular <input type="checkbox"/> Other (specify)
Antenna Cover	<input type="checkbox"/> Shrouded <input type="checkbox"/> Not Shrouded
Housing Type	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Other (specify)

Drawings	
Check the Relevant Facilities is as per the Access Provider's drawings, including support infrastructure. Note any discrepancies below:	
Item	Comments

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

SECTION 2: CELLULAR ANTENNAS

Existing Cellular Antennas

	Existing Antenna 1	Existing Antenna 2	Existing Antenna 3	Existing Antenna 4	Existing Antenna 5	Existing Antenna 6	Existing Antenna 7	Existing Antenna 8	Existing Antenna 9
Mounting Height (to top of antenna)									
Antenna Type									
Azimuth (TN)									
MHA installed?									
Other Information									

Note any comments:

Access Seeker's Proposed Additional Cellular Antennas

	ANT1	ANT2	ANT3	ANT4	ANT5	ANT6	ANT7	ANT8	ANT9
Antenna Reference <i>(these are the references to be used elsewhere in this form and on plans to be prepared)</i>									
Make & Model									
Dimensions (H x W x D)									
Operating Frequency Band (eg. 900, 1800, 2100, 900/2100)									

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

Access Seeker's Proposed Additional Cellular Antennas									
Antenna Reference <i>(these are the references to be used elsewhere in this form and on plans to be prepared)</i>	ANT1	ANT2	ANT3	ANT4	ANT5	ANT6	ANT7	ANT8	ANT9
Weight (Kg)									
Azimuth (TN)									
Polarity									
Gain (dBi)									
Vertical beam width (dBi)									
Horizontal beam width (dBi)									
Indicative mounting height (to top of antenna)									
Technology (UMTS, GSM etc)									
Maximum power per carrier (W)									
Number of carriers									
Band width per carrier									
Frequency Range (MHz)	Transmit								
	Receive								

Access Provider (AP):

Access Seeker (AS):

AP Unique Identifier:

AS Project Number:

AP Project Number:

Access Seeker's Proposed Additional Cellular Antennas									
Antenna Reference <i>(these are the references to be used elsewhere in this form and on plans to be prepared)</i>	ANT1	ANT2	ANT3	ANT4	ANT5	ANT6	ANT7	ANT8	ANT9
MHA to be installed?									
Note any comments:									

Access Seeker's Proposed Cellular Antenna Ancillaries				
Set out below any ancillary items to the cellular antennas such as MHA's, filters etc. Provide a description and complete the other columns as far as they are relevant to the particular item.				
Item	Description	Make and Model	Weight (kg)	Dimensions/Size

Access Provider (AP):

Access Seeker (AS):

AP Unique Identifier:

AS Project Number:

AP Project Number:

Support Infrastructure for Access Seeker’s Proposed Additional Cellular Antennas and Ancillaries						
All proposed additional cellular antennas and cellular antenna ancillaries to be attached to the Mast or the head frame must be listed below.						
Item (eg. ANT1, ANT2, MHA) (Items can be grouped if they are being attached in the same way. eg. ANT1-ANT6)	Method of Attachment (set out how the item will be attached)					Existing/New (Is the support infrastructure already installed?)
	Attach to the Mast/ Head frame	Support Type	Make and Model	Weight (kg)	Dimensions/ Size	

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

SECTION 3: MICROWAVE DISH ANTENNAS

Existing Microwave Dish Antennas

Ref	Antenna Type	Size	Weight (Kg)	Azimuth (TN)	Polarity	Operative Frequency	Indicative mounting height (to centre of dish)
MW1							
MW2							
MW3							

Access Seeker's Proposed Additional Microwave Dish Antennas

Ref	Make & Model	Size	Weight (Kg)	Azimuth (TN)	Polarity	Operative Frequency	Indicative mounting height (to centre of dish)
MW1							
MW2							
MW3							

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

Support Infrastructure for Access Seeker's Proposed Addition Microwave Dish Antennas						
Details must be completed for each proposed additional microwave dish antenna.						
Item	Method of Attachment (the Access Seeker needs to set how they propose to attach the item)					Existing/New (Is the support infrastructure already installed?)
	Attach to the Mast/ Head frame	Support Type	Make and Model	Weight (kg)	Dimensions/ Size	
MW1						
MW2						
MW3						

Access Provider (AP):
 AP Unique Identifier:
 AP Project Number:

Access Seeker (AS):
 AS Project Number:

SECTION 4: HOUSING

Existing Housing				
Housing Type (eg. cabinet)	Number installed	Make & Model	Dimensions (H x W x D)	Weight (kg)

Access Seeker's Proposed Additional Housing					
Housing Type (eg. cabinet)	Number to be installed	Make & Model	Dimensions (H x W x D)	Weight (kg)	Carrier Capacity

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

SECTION 5: FEEDERS

Existing Feeders

	Cellular Feeder/ Microwave Feeder	Feeder type/ size	Number installed	Feeder route	Existing Support Infrastructure	Capacity Available on Existing Support Infrastructure
Group1						
Group2						
Group3						

Access Seeker's Proposed Additional Feeders

	Cellular Feeder/ Microwave Feeder	Feeder type/ size	Number to be installed	Make & Model	Antenna(s) connected by these feeders <i>Use references from Sections 2 and 3 of this form (individually or as groups). - eg: ANT1-6, MW1</i>	Length
Group1						
Group2						
Group3						

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

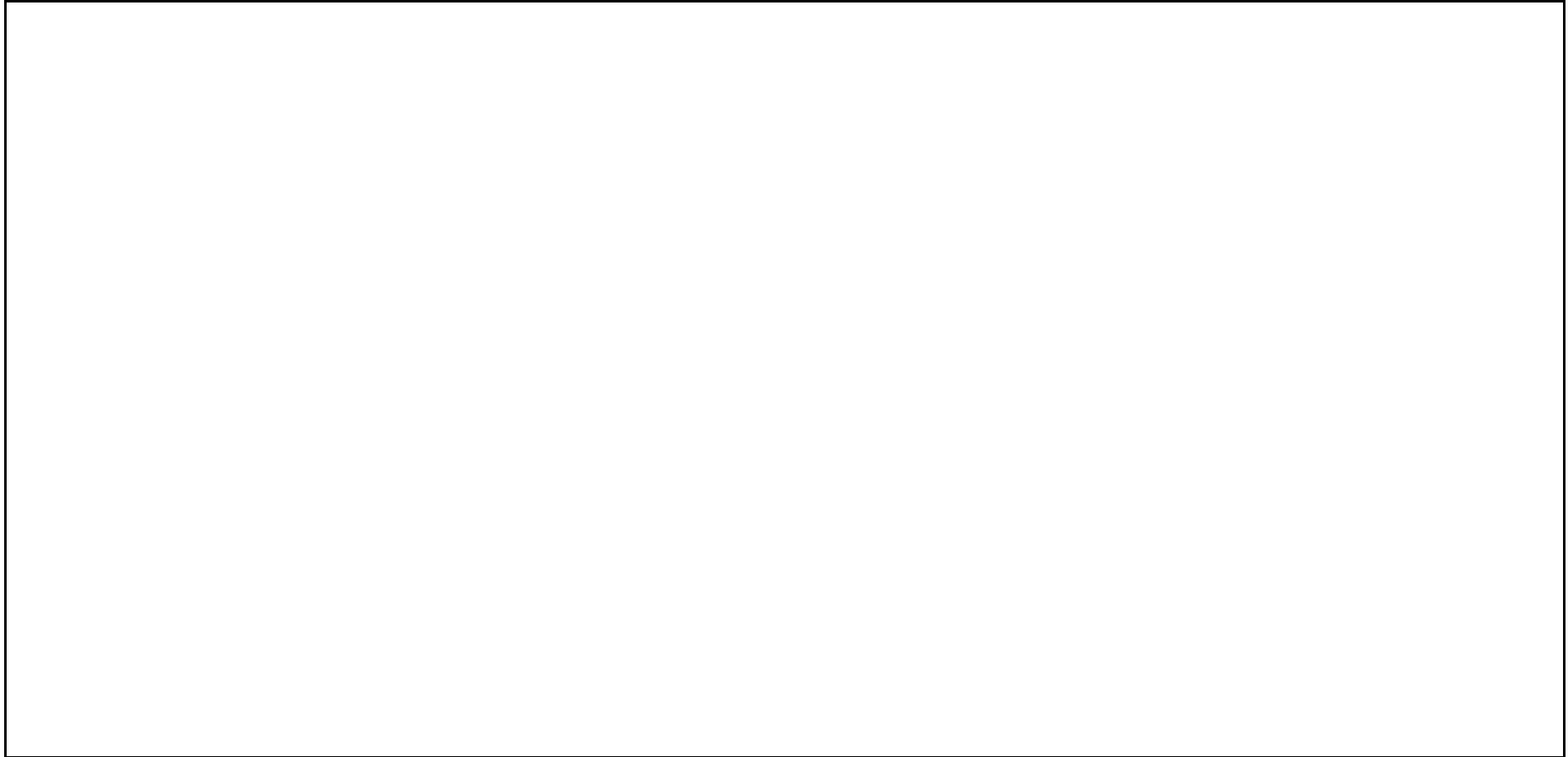
AS Project Number:

Support Infrastructure for Access Seeker's Proposed Additional Feeders		
The proposed method for running each group of proposed additional feeders from the housing to each of the antennas (or group of antennas) must be set out below.		
Feeder Group	Method (eg. overhead cable tray from proposed housing to Mast, then inside Mast up to antennas)	Existing/New (Using existing support infrastructure?)
Group1		
Group2		
Group3		

Access Provider (AP):
AP Unique Identifier:
AP Project Number:

Access Seeker (AS):
AS Project Number:

SECTION 6: SKETCH OF PROPOSED SITE DESIGN



Access Provider (AP):
 AP Unique Identifier:
 AP Project Number:

Access Seeker (AS):
 AS Project Number:

SECTION 7: ASSESSMENT OF PROPOSED SITE DESIGN

Assessment of Site Type Solution				
Structure	Is the proposal a Standard Site Type? (Site Type = Mast type + head frame type)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If “Yes” specify reference: _____
RF	Is the proposal an RF Agreed Standard Solution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If “Yes” specify reference: _____
Solution	Is the proposal a Standard Site Type Solution? (Note: if the answer to <u>either</u> of the above questions is “No” then the answer here has to be “No”)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If “Yes” specify reference: _____

Structural Assessment	
<p>Once these Site Design Notes are completed and approved the Access Seeker will proceed with their Detailed Site Design and submit a Full Site Application. The Access Seeker must provide with their Full Site Application either certification from a qualified structural engineer or a PS1. Please refer to explanations below. The Access Seeker is to indicate below which document it will be submitting with its Full Site Application.</p>	
<p>Certification from a qualified structural engineer Confirming that the structural capacity of the existing structure is sufficient for all existing equipment, the Access Provider’s current and reasonable forecast requirements as set out in the Common Format Site Database, and the Access Seeker’s proposed equipment</p>	<input type="checkbox"/>
<p>PS1 from a qualified structural engineer If the engineer is not satisfied that the structural capacity of the existing structure is sufficient for all existing equipment, the Access Provider’s reasonable future equipment as set out in the Common Format Site Database, and the Access Seeker’s proposed equipment then the engineer will need to complete a PS1. A PS1 is a formal statement that the structural aspect of the proposal has been designed in accordance with certain standards and the building code.</p>	<input type="checkbox"/>

Access Provider (AP):
 AP Unique Identifier:
 AP Project Number:

Access Seeker (AS):
 AS Project Number:

SECTION 8: SITE ACCESS

Existing Site Access	
Access Restrictions	<input type="checkbox"/> None (can access Relevant Facility 24/7 throughout the year) <input type="checkbox"/> Business Hours Only (can only access Relevant Facility during business hours Monday to Friday) <input type="checkbox"/> Other (specify)
Vehicle Access Track	(note surface type, any conditions for vehicle access and standard track is to be maintained at)
Cherry Picker Access	<input type="checkbox"/> Not possible <input type="checkbox"/> Possible (specify any conditions)
Note any land owner conditions or requirements regarding access	
Check Access Provider's current access notes. Note here any changes required to be made to access notes.	

Access Seekers Proposed Site Access	
Do you wish use the Access Providers existing access route?	<input type="checkbox"/> Yes <input type="checkbox"/> No
State anticipated access requirements following completion and integration of equipment (eg. days and times, or anticipated number of site visits per week/year)	
Is the existing access track sufficient for Access Seeker's requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the Access Seeker required cherry picker access?	<input type="checkbox"/> Required <input type="checkbox"/> Not required
Note any land owner conditions or requirements regarding access	

Access Provider (AP):
 AP Unique Identifier:
 AP Project Number:

Access Seeker (AS):
 AS Project Number:

SECTION 9: CIVIL REQUIREMENTS

Item	Comments	Item	Comments
Fencing / Retaining walls/ Bollards		Environmental issues (eg. Salt, Sulphur)	
Planting		Noise conditions	
Geotech		Lightning Risk (estimate)	
Visual impact of Site (minimised)		Lighting Requirements	
Overhead cables		Traffic Management	
Obstacles (eg. trees)		Parking	
Site security		Existing Services	
Boundary or neighbour issues		High Wind	
Lease Plan Area		Lease Drawing Requirements	<input type="checkbox"/> Plan <input type="checkbox"/> Elevation <input type="checkbox"/> Photomontages
Any comments			

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

SECTION 10: POWER REQUIREMENTS

Existing Power Supply

Item	Comments	Item	Comments
Nearest AC Source		Power Authority	
Existing Current load		Main Meter or Check Meter	
Single or 3 Phase supply		Spare phases available	
Spare Circuit Breakers available		Generator Plug Fitted, note plug type	
Type of DB Board		Other	
Any comments:			

Access Seekers Power Requirement

Item	Comments	Item	Comments
Nearest AC Source		Main Meter or Check Meter	
Transformer requirements		Space for generator Portable/Trailer	
Overhead cable available		Generator Plug position	
Length of power run		Type of DB Board	
Power Authority		Other	
Any comments:			

Access Provider (AP):
AP Unique Identifier:
AP Project Number:

Access Seeker (AS):
AS Project Number:

Sketch of Electrical Design – include AC supply, generator and earthing

A large empty rectangular box with a black border, intended for a hand-drawn sketch of an electrical design. The sketch should include details for AC supply, a generator, and earthing.

Access Provider (AP):
 AP Unique Identifier:
 AP Project Number:

Access Seeker (AS):
 AS Project Number:

SECTION 11: RISK ASSESSMENT

Site Specific Risk Assessment Checklist

To be completed onsite Risks Identified as MEDIUM OR HIGH must have control measures identified on back of sheet

				L	M	H					L	M	H				
No	ACCESS/EGRESS/HAZARDS						No	SITE CONDITIONS (cont'd)						No	WORKING AT HEIGHT		
1	Vehicle access/egress/movement						30	Electrical safety						60	Vehicle access in drop zone		
2	Vehicle parking						31	Display screen equipment / Laptop						61	Inaudible fire/emergency alarms		
3	Pedestrian access/egress						32	Steam/hot gases						62	Anchor points/fall arrest equipment		
4	Public access to height						33	Machinery & equipment						63	Fragile roof surfaces (inc skylights)		
5	Generator access/egress						34	Batteries/battery rooms						64	Unprotected edges		
6	Portable ladders access						35	Air Conditioning Units/Cooling towers						65	Sharps/discarded needles etc.		
7	Trap doors/skylight access						36	Slip & trip hazards						66	Sloping roof surfaces		
8	Lone Working						37	Mould, moss & other growths						67	Use of cranes		
9	Remote Working						38	Rubbish/debris						68	Use of EWP's or Scaffold		
10	Fixed ladders						39	Hazardous substances						TOOLS AND MATERIALS TAKEN TO SITE:			
11	Public/vehicle access within drop zone						40	Can worker be trapped by fire (rooftop)						69	Power tools		
12	Personal security, verbal, physical						41	Noise e.g. bell towers, motors						70	Compressed gases		
13	Night access						42	Confined spaces						71	Flammable materials		
14	Unprotected stairway						43	Lighting/visibility						72	Hazardous substances		
15	Site security arrangements						44	Asbestos						73	RF sources		
16	Fire evacuation arrangements						45	Hot/cold substances or surfaces						74	Laser sources		
17	Uneven Terrain						46	Bulk Fuel Storage						75	Personal Protective Equipment		
ENVIRONMENTAL HAZARDS							47	Window cleaning machinery						76	Other		
18	Extreme weather						48	Structural damage						EXTERNAL ALARMS			
19	Contaminated land						49	Hazardous Waste						77	Intruder Door		
20	Livestock						50	Overhead lines/obstructions						78	Intruder Infra Red		
21	Flooding						51	Power generation equipment						RF SAFETY			
22	Ice (both falling and slip hazard)						52	Other activities at site						79	RF signage fitted		
23	Crop/grass fire						53	Other site conditions						80	Protection from RF sources		
24	Lightning/electrical storms						54	Rubbish and Debris						81	Third Party RF sources		
25	Vermin/bird droppings						55	3 RD Party induction or PPE required						82	EMI to Third party equipment		
26	Traffic Activity						MANUAL HANDLING						Other Hazards				
SITE CONDITIONS							56	Lifting/lowering heavy equipment						83	Lambing		
27	Fumes/gases/emissions/dusts						57	Use of lifting aids						84	Guard dogs		
28	Lift motor rooms						58	Carrying personal equipment/materials						85	Other		

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

Site Specific Risk Rating						
Residual Risk Score (L+S) 1 - 5 = LOW 6 - 10 = MEDIUM 12 - 25 = HIGH		Likelihood of an incident (L) = 1 - Very unlikely 2 - Unlikely 3 - Possible 4 - Likely 5 - Highly likely		Potential Seveurity of an incident (S) = 1 - minor cuts or abrasions 2 - minor injury requiring medical treatment 3 - injury requiring time off work or hospitalisation 4 - major injury resulting in permanent injury, or loss of limb or sight. 5 - Fatal injury or permanent total disablement.		
RISK No	HAZARD IDENTIFIED	REQUIRED CONTROL MEASURE Eliminate, Isolate or Minimize		DUE DATE	COMPLETED DATE	RESIDUAL RISK

Access Provider (AP):
AP Unique Identifier:
AP Project Number:

Access Seeker (AS):
AS Project Number:

SECTION 12: APPROVAL

Date of Detailed Site Design Visit:

These Site Design Notes are APPROVED by the Access Seeker's Mobile Co-location Project Manager	Signature:
	Name:
	Designation:
	Date:

These Site Design Notes are APPROVED by the Access Provider's Mobile Co-location Project Manager	Signature:
	Name:
	Designation:
	Date:

APPENDIX K
FULL SITE APPLICATION

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

Date	
-------------	--

Full Site Application

This form is to be completed by the Access Seeker. This is the Access Seeker's formal request for Conditional Site Approval for the Mobile Co-location Service at the Relevant Facilities. The form needs to be completed and the checklist sets out the required information to be provided with this form to complete the Full Site Application.

Assessment of Site Type Solution				
Structure	Is the proposal a Standard Site Type? (Site Type = Mast type + head frame type)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes" specify reference: _____
RF	Is the proposal an RF Agreed Standard Solution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes" specify reference: _____
Solution	Is the proposal a Standard Site Type Solution? (Note: if the answer to <u>either</u> of the above questions is "No" then the answer here has to be "No")	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes" specify reference: _____

Checklist of Full Site Application Requirements				
If any of the information listed below is not included in this Full Site Application state the reason for this in the "Comments" column				
Item Number	Description	Attached	Document Name/ Reference	Comments
1	Site Design Notes A copy of the completed and approved Site Design Notes and any correspondence setting out the mutually agreed variations to the Site Design Notes. Ensure all issues/conditions noted in the Site Design Notes have been addressed in this Full Site Application	<input type="checkbox"/>		

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

Date	
-------------	--

Item Number	Description	Attached	Document Name/ Reference	Comments
2	Plan View Drawing Showing existing and proposed equipment	<input type="checkbox"/>		
3	Elevation View Drawing Showing existing and proposed equipment and how the proposed equipment will be attached to the Mast	<input type="checkbox"/>		
4	Equipment Specifications Detailed specifications of all proposed equipment	<input type="checkbox"/>		
5	Infrastructure Drawings Show all additional infrastructure as per Site Design Notes	<input type="checkbox"/>		
6	Electrical Drawings Show connections to power source	<input type="checkbox"/>		
7	EME Drawings Show EME plumes for both existing and planned antennas	<input type="checkbox"/>		

Site Design Notes Issues	
Address here any issues/conditions/requirements raised at the Detailed Site Design Visit and noted in the Site Design Notes not addressed in the attachments of this Full Site Application.	
Access issues/requirements (if any)	
Land owner issues/requirements (if any)	
Other (if any)	

APPENDIX L
CONDITIONAL SITE APPROVAL

Access Provider (AP):

Access Seeker (AS):

AP Unique Identifier:

AS Project Number:

AP Project Number:

Conditional Site Approval

Following the processing of the Access Seeker's Full Site Application this form is to be completed by the Access Provider. All fields must be completed. If a field is not relevant to this particular approval mark as not applicable.

Access Provider (AP)	
Access Seeker (AS)	
Name of Relevant Facilities	
AP Unique Identifier	
AP Project Number	

Date of Issue	
Date of Expiry	

<i>Please delete one of the following</i>
The Access Provider GRANTS the Access Seeker a Conditional Site Approval on the conditions set out below in the table headed "Conditions"
The Access Provider REJECTS the Access Seekers Full Site Application for the reasons set out below in the table headed "Reasons for Rejection"

Conditions	
The conditions imposed on the approval are as follows:	
1.	
2.	

Reasons for Rejection	
The Access Provider's reasons for rejection are as follows:	
1.	
2.	

Utility Services	
The Access Provider notifies the Access Seeker of the following Utility Services at the Relevant Facilities:	
1.	

Access Provider (AP):

Access Seeker (AS):

AP Unique Identifier:

AS Project Number:

AP Project Number:

Issued by the Access Provider's Mobile Co-Location Project Manager	
Name	
Signature	

APPENDIX M
FINAL SITE APPROVAL

Access Provider (AP):

Access Seeker (AS):

AP Unique Identifier:

AS Project Number:

AP Project Number:

Final Site Approval

This form is to be completed by the Access Provider following receipt of the Access Seeker's Conditional Notice confirming satisfaction of the conditions set out in the Conditional Site Approval. All fields must be completed. If a field is not relevant to this particular approval mark as not applicable.

Access Provider (AP)	
Access Seeker (AS)	
Name of Relevant Facilities	
AP Unique Identifier	
AP Project Number	

Date of Issue	
---------------	--

<i>Please delete one of the following</i>
The Access Provider GRANTS the Access Seeker a Final Site Approval
The Access Provider REJECTS the Access Seekers Conditional Notice for the reasons set out below in the table headed "Reasons for Rejection"

Reasons for Rejection	
The Access Provider's reasons for rejection are as follows:	
1.	
2.	

Issued by the Access Provider's Mobile Co-Location Project Manager	
Name	
Signature	

APPENDIX N
SITE AGREEMENT

SITE AGREEMENT

Between [x x x x x] ("Access Provider")

And [x x x x x] ("Access Seeker")

WHEREAS

- A. On [parties to insert relevant date] the Access Provider received from the Access Seeker a request to receive the Mobile Co-Location Service at the Relevant Facility ("**Request**")
- B. The Access Provider has issued to the Access Seeker a Final Site Approval in relation to the Access Seekers Request.
- C. The Parties wish to enter into this Site Agreement in relation to such Relevant Facilities.

OPERATIVE PART

1. Definitions

Capitalised terms in this Site Agreement have the same meaning as given to those expressions in the Mobile Co-Location Terms, unless expressly defined otherwise.

2. Interpretation

- 2.1 To the extent that the terms and conditions of the Mobile Co-Location Terms apply to the activities of the Access Provider and the Access Seeker at any specific Relevant Facilities, or to the interpretation of a document, those terms and conditions shall apply to the Relevant Facilities the subject of this Site Agreement and to the right of Relevant Occupation respectively.
- 2.2 To the extent of any inconsistency, the terms of Mobile Co-Location Terms shall prevail over the terms of this Site Agreement.

3. Special Conditions

- 3.1 In relation to the Relevant Facilities the Access Provider and the Access Seeker agree that the following special conditions shall apply:

(a) [Parties to include any relevant special conditions that will apply]

4. Right of Relevant Occupation

- 4.1 [Parties to include any relevant provisions relating to the right of Relevant Occupation]

5. Charges

5.1 [*Parties to include any relevant provisions relating to the Charges*]

6. Relevant Facilities

6.1 Details in relation to the Relevant Facilities are set out in Annexure 1.

Executed as an Agreement

SIGNED for and on behalf of the)
ACCESS PROVIDER)
)

Signature

Name

Designation

SIGNED for and on behalf of the)
ACCESS SEEKER)
)

Signature

Name

Designation

ANNEXURE 1

RELEVANT FACILITIES

The Relevant Facilities:

[Add other relevant details relating to the Relevant Facilities, including lease term, expiry date etc]

[Include details of Relevant Facilities, including plan(s) if required]

APPENDIX O
PROJECT PLAN

Access Provider (AP):	Access Seeker (AS):
AP Unique Identifier:	AS Project Number:
AP Project Number:	Date

Project Plan

After the Access Seeker receives the Final Site Approval, the Access Seeker will develop and submit to the Access Provider this Project Plan. All fields must be completed. If a field is not relevant to this particular project mark as not applicable.

Relevant Facilities Information	
Mast Type Reference:	
Headframe Type Reference:	
Agreed Solution Reference:	
Standard Site Type Solution Reference:	

Access Provider (AP):	Access Seeker (AS):
AP Unique Identifier:	AS Project Number:
AP Project Number:	Date

1. Introduction

The Project Plan is a document completed by the Access Seeker Mobile Co-location Project Manager after the Detailed Site Design Visit, to assimilate all relevant information for all the disciplines needed to complete the implementation and physical construction of the proposal.

The Project Plan is to be treated as instructions to those disciplines to complete work in accordance with the relevant scope of work and any contractual arrangements in place with the Access Provider.

The Project Plan may make reference to various associated documents such as the Mobile Co-location Operations Manual, and should be read in conjunction with those documents. A list of the associated documents is contained in the Project Plan. If the Access Seeker does not have access to the referenced documents, or require further instructions, it is the Access Seeker's responsibility to contact the Access Provider Mobile Co-location Project Manager immediately.

The required disciplines are :

Civil Engineering Scope –	Civil and electrical design, civil/electrical construction monitoring, contract administration, quality control and civil handover
Civil Construction Scope-	The civil and electrical construction of the site
Technical Scope -	The technical scoping of the installation, construction monitoring, quality control and final inspection of the technical works
Technical Installation Scope-	The physical installation and commissioning of the equipment on site
Integration -	The integration of the built and commissioned defect free telecommunications equipment on the Access Provider's site

Access Provider (AP):	Access Seeker (AS):
AP Unique Identifier:	AS Project Number:
AP Project Number:	Date

2. Associated documents

This project plan is to be read in conjunction with the following supporting documents.

Document	Version
Mobile Co-location Operations Manual	Version included in final STD

Access Provider (AP):	Access Seeker (AS):
AP Unique Identifier:	AS Project Number:
AP Project Number:	Date

3. Contact list

The following contacts list is to be used in conjunction with the overall project communication plan.

Project Role	Company details	Contact person
Access Seeker Mobile Co-location Project Manager	[Access Seeker]	Name: Email: Phone:
Access Provider Mobile Co-location Project Manager	[Access Provider]	Name: Email: Phone:
Access Seeker Design Engineer	[Company]	Name: Email: Phone:
Access Seeker Planning Consultant	[Company]	Name: Email: Phone:
Access Seeker Civil / Electrical	[Company]	Name: Email: Phone:
Access Seeker Technical Installation Contractor Project Manager	[Company]	Name: Email: Phone:
Technical Installation Contractor Site Manager	[Company]	Name: Email: Phone:
Site Contact	[Company]	Name: Email: Phone:

A copy of the Project Plan has been distributed to these Project Team members

Access Provider (AP):	Access Seeker (AS):
AP Unique Identifier:	AS Project Number:
AP Project Number:	Date

4. Project Schedule

Item	Description	Milestone Date	
		Planned Start	Planned Complete
1.	AS submits Project Plan (20WD)		
2.	AP reviews Project Plan and approves or requests changes (10WD)		
3.	AP issues Approval to Build (10WD)		
4.	AS Mobile Co-location Pre-build Phase (120WD)		
5.	AS Mobile Co-location Build Period (60WD)		
6.	AS Mobile Co-location Project Closure (20WD)		

WD = Working Days

Please note that the above dates are the latest acceptable dates for completion of each task. It is expected that every effort will be made to complete the tasks as early as possible, prior to the above dates.

Access Provider (AP):	Access Seeker (AS):
AP Unique Identifier:	AS Project Number:
AP Project Number:	Date

5. Risk Management

Components to risk handling, to be performed through the project are:

1. Risk Identification – identify all risks associated with the project. This should involve selecting common project risks from the risk register (to be prepared) and identifying any other risks.
2. Risk Analysis – prioritise identified risks in order to determine how, if at all, to manage them. This will be done already for all common project risks in the risk register.
3. Risk Evaluation – use the following matrix to assess the overall risk rating. Again, this will be done for all common project risks in the risk register:

		IMPACT			
		Minor	Moderate	Major	Critical
L I K E L I H O O D	Likely	Moderate	High/Major	High/Major	High/Major
	Moderate	Low/Trivial	Significant	High/Major	High/Major
	Unlikely	Low/Trivial	Moderate	Significant	High/Major

4. Risk Planning – decide how the identified risks will be treated. This should be done in conjunction with all stake holders who understand the risks, and will involve categorising the risk management option as follows:
 - AV = Avoidance – do not proceed with the activity that gives rise to this risk.
 - T = Transference – achieved by transferring the risk to a 3rd party with a better capacity to handle the risk (contracts, insurance etc)
 - AC = Acceptance – accept the risk and assume that you can handle the consequence
 - RL = Reduced Likelihood – achieved by continually monitoring and changing the project conditions so the probability of the risk occurring is reduced (eg. Adding resources to the schedule)
 - M = Mitigation – This involves minimising the probability and impact of the risk to an acceptable level (e.g. changing design, conducting more testing etc).
5. Risk Treatment & Control – the risk register in the Project Plan should be reviewed and updated regularly to review the project risks, plan risk treatments and monitor the course of the risk treatments.

Access Provider (AP):	Access Seeker (AS):	
AP Unique Identifier:	AS Project Number:	
AP Project Number:	Date	

Risk register

Risk ID	Risk	Potential Impact	Likelihood Rating (Unlikely/ Likely)	Impact Rating (Critical/ Major)	Risk Owner	Risk Status (Open or Closed)	Risk Management Treatment (Avoidance, Transference, Acceptance, Reduced Likelihood, Mitigation)	Triggers
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								

Access Provider (AP):	Access Seeker (AS):
AP Unique Identifier:	AS Project Number:
AP Project Number:	Date

6. Occupational Health & Safety

Health & Safety requirements for Access Seeker's contractors

It must be the Access Seeker's policy to give health and safety-related issues the highest priority when tendering, contracting with, and managing work performed by contractors, to enable the Access Seeker to meet its OH&S and corporate responsibilities. The Access Seeker and its contractors share an obligation and duty of care to ensure the health and safety of employees, and others, who may be affected by the way activities are conducted by, or on behalf of, the Access Seeker. The Access Seeker is not confined to simply monitoring and controlling the actions of the Access Seeker's personnel but the personnel of the Access Seeker's contractors as well.

Every contractor, performing work on behalf of the Access Seeker, should have access to a copy of the Access Seeker's Health & Safety Policy. Every contractor is required to comply with all statutory OH&S requirements and to meet any specific required standard of safety, for this project, as advised by the Access Provider Mobile Co-location Project Manager, in addition to all statutory requirements. A hazard risk treatment schedule and plan is included in this Project Plan detailing specific hazards, identified as relating to this project, as at the Project Plan issue date. Any failure, by a contractor or its personnel, to comply with OH&S requirements, could result in the termination of its agreement to co-locate with the Access Provider.

Access Provider (AP):	Access Seeker (AS):	
AP Unique Identifier:	AS Project Number:	
AP Project Number:	Date	

Hazard risk treatment schedule and plan

The following hazards have been identified (having a Risk Level Score of moderate or higher), to date, in relation to this project. If you become aware of any additional hazards, please notify the Access Seeker Mobile Co-location Project Manager immediately. The Access Seeker Mobile Co-location Project Manager will immediately notify the Access Provider Mobile Co-location Project Manager.

Hazard	Possible treatment/ control options	Preferred option	Risk score*	Person responsible for implementing option	Date for implementation	How treatment/ control option to be monitored

Likelihood	Consequences				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
A (almost certain)	H	H	E	E	E
B (likely)	M	H	H	E	E
C (moderate)	L	M	H	E	E
D (unlikely)	L	L	M	H	E
E (rare)	L	L	M	H	H

Legend:
E: Extreme risk; immediate reaction required
H: High risk; senior management attention needed
M: Moderate risk; management responsibility must be specified
L: Low risk; manage by routine procedures

Access Provider (AP):	Access Seeker (AS):
AP Unique Identifier:	AS Project Number:
AP Project Number:	Date

10. Checklist

The Access Seeker Mobile Co-location Project Manager is to complete the following checklist to ensure that all aspects of this project have been considered and reflected in this Project Plan.

1.	Contact list	<input type="checkbox"/>
2.	Project schedule	<input type="checkbox"/>
3.	Risk identification – these are any risks that may jeopardise the successful or timely completion of the project	<input type="checkbox"/>
4.	Hazard identification – these are any hazards on site, such as asbestos, access track problems etc. - Hazards should be identified by any person accessing the site and communicated to the Access Seeker Mobile Co-location Project Manager who will in turn advise the Access Provider Mobile Co-location Project Manager	<input type="checkbox"/>
5.	Civil design scope of works	<input type="checkbox"/>
6.	Civil construction scope of works	<input type="checkbox"/>
7.	Technical scope of works	<input type="checkbox"/>
8.	A copy of the Access Provider’s Final Site Approval is attached to this Project Plan	<input type="checkbox"/>
9.	The Access Seeker has obtained and reviewed the Access Provider’s acceptance requirements for Project Closure including civil acceptance, technical acceptance, interference testing and as-built documentation	<input type="checkbox"/>

Access Seeker Project Manager

Signature	
Name	
Email	
Phone Number	

Date submitted to Access Provider

APPENDIX P
APPROVAL TO BUILD

Access Provider (AP):

Access Seeker (AS):

AP Unique Identifier:

AS Project Number:

AP Project Number:

Approval to Build

Following the processing of the Access Seeker's Project Plan this form is to be completed by the Access Provider. All fields must be completed. If a field is not relevant to this particular approval mark as not applicable.

Access Provider (AP)	
Access Seeker (AS)	
Name of Relevant Facilities	
AP Unique Identifier	
AP Project Number	

Please delete one of the following

The Access Provider **GRANTS** the Access Seeker Approval to Build.

The Access Provider **REJECTS** the Access Seekers Project Plan for the reasons set out below in the table headed "Reasons for Rejection":

Reasons for Rejection	
The Access Provider's reasons for rejection are as follows:	
1.	
2.	

Issued by the Access Provider's Mobile Co-Location Project Manager	
Name	
Signature	
Date of Issue	

APPENDIX Q
PROJECT CLOSURE CHECKLIST

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

Date	
-------------	--

Project Closure Checklist

This form is to be completed by the Access Seeker. The form needs to be completed and the checklist table sets out the information to be provided to the Access Provider with this form.

Relevant Facilities Information	
Mast Type Reference:	
Headframe Type Reference:	
RF Agreed/Disagreed Solution Reference:	
Standard Site Type Solution Reference:	

Project Closure Responsibilities
Access Seeker Mobile Co-location Project Manager
Responsible for managing the hand over process including:
1. Ensure all snags are cleared and all civil and technical implementation has been completed and approved
2. Ensure Access Provider has confirmed there is no Unacceptable Performance Degradation
3. Ensure all requirements of the Site Agreement have been met
4. Complete this form, compile all required information and submit Project Closure Checklist to the Access Provider for Project Closure
5. Update the Access Seeker's own database records regarding the Relevant Facilities

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

Date	
-------------	--

Access Provider's Project Engineers
Responsible for auditing the build
1. Signing off the build
2. Checking the as-built documentation is complete
Access Providers Radio Engineer
Responsible for the RF Approval
1. Completing interference testing
2. Confirming there is no Unacceptable Performance Degradation
Access Provider's Mobile Co-location Project Manager
Responsible for the issuing of the Project Closure
1. Ensure civil and technical implementation has been completed and approved
2. Ensure RF have confirmed there is no Unacceptable Performance Degradation
3. Ensure all conditions of the co-location have been met
4. Update the Common Format Site Database regarding the Relevant Facilities

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

Date	
-------------	--

Checklist

If any of the information listed below is not provided with this form please state the reason for this in the "Comments" column

Item Number	Description	Attached	Checked by AS Mobile Co-Location Project Manager (initial)	Document Name/ Reference	Comments
1	Civil Acceptance All snags cleared and civil acceptance obtained from Access Provider	<input type="checkbox"/>			
2	Technical Acceptance All snags cleared and technical acceptance obtained from Access Provider	<input type="checkbox"/>			
3	Interference Testing RF interference testing completed and approved by Access Provider	<input type="checkbox"/>			
4	As Built Documentation Drawings showing the "as-built" configurations. The drawings must include EME plumes, the cabling and the location and power-loading of all Access Seeker Equipment installed.	<input type="checkbox"/>			
5	Data to be Updated Set out the data to be loaded into Common Format Site Database by the Access Provider	<input type="checkbox"/>			
6	No Outstanding OSH Issues Updated site access and hazard report for Access Provider	<input type="checkbox"/>			

APPENDIX R
PROJECT CLOSURE

Access Provider (AP):

Access Seeker (AS):

AP Unique Identifier:

AS Project Number:

AP Project Number:

Project Closure

Following the processing of the Access Seeker's Project Closure Checklist this form is to be completed by the Access Provider. All fields must be completed. If a field is not relevant to this particular approval mark as not applicable.

Access Provider (AP)	
Access Seeker (AS)	
Name of Relevant Facilities	
AP Unique Identifier	
AP Project Number	

Please delete one of the following

The Access Provider approves the Project Closure Checklist, confirms the completion of the Mobile Co-location Build Period and **GRANTS** to the Access Seeker this Project Closure.

The Access Provider **REJECTS** the Access Seeker's Project Closure Checklist for the reasons set out below.

Reasons for Rejection

The Access Provider's reasons for rejection are as follows:

1.	
2.	

Issued by the Access Provider's Mobile Co-Location Project Manager

Name	
Signature	
Date of Issue	

APPENDIX S

CHARGES LIST

Cost recovery items to be charged by the Access Provider under the Mobile Co-location Terms

1.	ITEM	DOCUMENT	REFERENCE
2.	Hard copy of monthly billing information	General Terms	Clause 15.10
3.	Billing reports and information	General Terms	Clause 15.11
4.	Costs of recovering Charges	General Terms	Clause 19.5
5.	Fault fixing	General Terms	Clause 24, 26.2
6.	Additional Provisioning System Training	Operations Manual	Clause 12.2.4
7.	Provisioning System	Operations Manual	Clause 12.6.3
8.	Site Data Pack	Operations Manual	Clause 13.2.7
9.	Detailed Site Design Visit	Operations Manual	Clause 14.2.10
10.	Conditional Site Approval	Operations Manual	Clause 14.4.5
11.	Final Site Approval	Operations Manual	Clause 17.4.4
12.	Approval to Build	Operations Manual	Clause 18.3.4
13.	Project Closure	Operations Manual	Clause 19.5.6
14.	Relinquishment	Operations Manual	Clause 22.3.10
15.	Additional billing information	Operations Manual	Clause 25.3.4
16.	Development of Standard Site Type Solution	Operations Manual	Clause 28.11.1
17.	Use of Utility Services	Operations Manual	Clause 29.3.1
18.	Maintenance of Utility Services	Operations Manual	Clause 29.3.2
19.	Replacement/Upgrade of Utility Services	Operations Manual	Clause 30.2.3
20.	AC Power use	Operations Manual	Clause 32.2.4
21.	Additional Fault Management System training	Operations Manual	Clause 36.4.4
22.	Fault Management System	Operations Manual	Clause 36.7.3
23.	Fault fixing	Operations Manual	Clause 38.2.5
24.	Fault reporting	Operations Manual	Clause 39.1.3
25.	Emergency fault fixing	Operations Manual	Clause 39.4.3
26.	Planned Work System	Operations Manual	Clause 41.2.4
27.	Planned Work Approval to Build	Operations Manual	Clause 42.6.3
28.	Planned Work Project Closure	Operations Manual	Clause 42.6.9
29.	Work outside the Access Seeker Space	Operations Manual	Clause 43.2.3
30.	Access Control Device	Operations Manual	Clause 46.6.1
31.	Security call out	Operations Manual	Clause 46.6.2
32.	Request for change to Access Provider Equipment	Interference Management and Design	Clause 7.5.3
33.	Desktop study	Interference Management and Design	Clause 10.1.8
34.	Desktop Analysis Meeting	Interference Management and Design	Clause 10.1.8
35.	Interference Testing	Interference Management and Design	Clause 10.1.12

APPENDIX T

COMMON FORMAT SITE DATABASE

COMMON FORMAT SITE DATABASE																		
			Co-ordinates (NZMG)				Existing Equipment			AP's current and reasonable forecast requirements for capacity								
AP Unique Identifier (AP Site Code)	Name of Relevant Facilities (AP Site Name)	Region	Easting	Northing	Mast Type	Headframe Type	Cellular Antenna	Microwave Dish Antenna	Feeders	Cellular Antenna	Microwave Dish Antenna	Total Power (EIRP) dBm	Feeders	Spare Structural Capacity (%)	Total Height (m)	Total Power (EIRP) dBm	Number of Other Current Users	Number of Access Seekers in the Queue
64090UOW	Upper Orewa	AKL	2659113	6510342	Monopole Type E	Armed Headframe	3	3	6	3	2	174	6	15%	19	58	0	0
<i>[example data given for illustrative purposes]</i>																		

APPENDIX U

STANDARD SITE TYPE SOLUTION TASKS

Standard Site Type Solution Tasks

	Target Timeline Working Days
AS makes intial application to develop a Standard Site Type Solution, supplying preliminary information to support application	0
AP agrees/declines to develop Standard Site Type Solution	10
AS & AP meet to exchange technical information	10
AP produces a draft design detailing the Standard Site Type Solution	20
AS approves/declines Standard Site Type Solution draft design	10
AP proceeds with final Site Type Solution Final Design and Issues to the AS	20
AS proceeds with individual Applications using the Site Type Solution	N/A

APPENDIX V

PLANNED WORK TASKS

Planned Work Tasks (in Access Seeker Space)

Target timeframes

Planned Work Desktop Assessment	20 days
AS submits Planned Work Application	0 days
AP reviews Planned Work Application	10 days
AP request AS to make changes to the Planned Work Application, or AP rejects (AP may direct AS to lodge an Initial Site Application)	2 days
AS amends Planned Work Application and resubmits to AP for approval	5 days
AP approves or rejects Planned Work Application	3 days
Planned Work Build	33 days*
AS submits Planned Work Project Plan	5 days
AP reviews Planned Work Project Plan, approves or requests changes if required	10 days
AS re-submits Planned Work Project Plan with amendments if changes required	3 days
AP issues Planned Work Approval to Build	5 days
AS proceeds with Planned Work Build	5 days
Protocol for deployment of solution (in accordance with Interference Management and Design document)	*
Planned Work Project Closure	5 days

* Refer to Interference Management and Design document for timeframes relating to the protocol for the deployment of a solution

APPENDIX W

PLANNED WORK APPLICATION

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

Date	
-------------	--

Planned Work Application

This is the Access Seeker's formal request for Planned Work in the Access Seeker Space. Refer to section 42 of Mobile Co-location Operations Manual to determine whether the work is Planned Work and therefore a Planned Work Application can be submitted, or whether an Initial Site Application is required instead.

When completing the Planned Work Application the Access Seeker only needs to complete the sections relating to the Planned Work. The Access Seeker must ensure that sufficient detail is included regarding the nature and extent of the Planned Work so the Access Provider can assess this application.

SECTION 1: ACCESS PROVIDER, ACCESS SEEKER & RELEVANT FACILITIES DETAILS

Access Provider		Access Seeker	
------------------------	--	----------------------	--

Information from the Common Format Site Database

AP Unique Identifier	<i>From Common Format Site Database</i>
Name of Relevant Facilities	<i>From Common Format Site Database</i>
Region	<i>From Common Format Site Database</i>

Brief description of the Planned Work	
--	--

Date of Application	
----------------------------	--

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

Date	
-------------	--

SECTION 2: CELLULAR ANTENNAS (ANT)

Proposed Changes to the Access Seeker's Existing Cellular Antennas

If the Planned Work involves changes to the Access Seeker's Existing Cellular Antennas provide a brief description of the changes here and complete further details below as relevant:

Antenna Reference <i>(these are the references to be used elsewhere in this form and on plans to be prepared)</i>	ANT1	ANT2	ANT3	ANT4	ANT5	ANT6	ANT7	ANT8	ANT9
Technology (UMTS, GSM etc)									
Operating Frequency Band <i>(eg. 900, 1800, 2100, 900/2100)</i>									
Make & Model									
Dimensions (H x W x D)									
Weight (Kg)									
Azimuth (TN)									
Polarity									

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

Date	
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Antenna Reference <i>(these are the references to be used elsewhere in this form and on plans to be prepared)</i>		ANT1	ANT2	ANT3	ANT4	ANT5	ANT6	ANT7	ANT8	ANT9
Gain (dBi)										
Vertical beam width (dBi)										
Horizontal beam width (dBi)										
Indicative mounting height (to top of antenna)										
Maximum power per carrier (W)										
Number of carriers										
Band width per carrier										
Frequency Range (MHz)	Transmit									
	Receive									

Access Provider (AP):
 AP Unique Identifier:
 AP Project Number:

Access Seeker (AS):
 AS Project Number:

Date	
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Proposed Changes to the Access Seeker's Cellular Antenna Ancillaries

If the Planned Work involves changes to the Access Seeker's cellular antenna ancillaries (eg. MHA's, diplexer/triplexers, filters etc) provide a brief description of the changes here and complete further details below as relevant:

Item	Description	Make and Model	Weight (kg)	Dimensions/Size

Proposed Changes to the Support Infrastructure for Cellular Antennas and Ancillaries

If the Planned Work involves changes to the support infrastructure as it relates to cellular antennas and/or ancillaries provide a brief description of the changes here and complete further details below as relevant:

Item	Method of Attachment (the Access Seeker needs to set how they propose to attach the item)					Existing/New (Propose to change existing support infrastructure or add new support infrastructure?)
	Attach to the Mast/ Head frame	Support Type	Make and Model	Weight (kg)	Dimensions/ Size	

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

Date	
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SECTION 3: MICROWAVE DISH ANTENNAS

Proposed Changes to the Access Seeker's Microwave Dish Antennas
--

If the Planned Work involves changes to the Access Seeker's existing microwave dish antenna provide a brief description of the changes here and complete further details below as relevant:

Ref	Make & Model	Size	Weight (Kg)	Azimuth (TN)	Polarity	Operative Frequency	Indicative mounting height (to centre of dish)
MW1							
MW2							

Proposed Changes to the Access Seeker's Support Infrastructure for Microwave Dish Antennas

If the Planned Work involves changes to the support infrastructure as it relates to microwave dish antennas provide a brief description of the changes here and complete further details below as relevant:

Item	Method of Attachment (the Access Seeker needs to set how they propose to attach the item)					Existing/New (Propose to change existing support infrastructure or add new support infrastructure?)
	Attach to the Mast/ Head frame	Support Type	Make and Model	Weight (kg)	Dimensions/ Size	
MW1						
MW2						

Access Provider (AP):
 AP Unique Identifier:
 AP Project Number:

Access Seeker (AS):
 AS Project Number:

Date	
-------------	--

SECTION 4: HOUSING

Proposed Changes to the Access Seeker's Housing

If the Planned Work involves changes to the Access Seeker's Housing provide a brief description of the changes here and complete further details below as relevant:

Housing Type (eg. cabinet)	Number to be installed	Make & Model	Dimensions (H x W x D)	Weight (kg)	Carrier Capacity

Access Provider (AP):
 AP Unique Identifier:
 AP Project Number:

Access Seeker (AS):
 AS Project Number:

Date	
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SECTION 5: FEEDERS

Proposed Changes to the Access Seeker's Feeders

If the Planned Work involves changes to the Access Seeker's feeders provide a brief description of the changes here and complete further details below as relevant:

	Cellular Feeder/ Microwave Feeder	Feeder type/ size	Number to be installed	Make & Model	Antenna(s) connected by these feeders <i>ALL cellular antennas and microwave dish antennas set out in Sections 2 and 3 of this form need to be referred to (individually or as groups). - eg: ANT1-6, MW1</i>	Length
Group1						
Group2						

Proposed Changes to the Access Seeker's Support Infrastructure for Feeders

If the Planned Work involves changes to the support infrastructure as it relates to feeders provide a brief description of the changes here and complete further details below as relevant:

Feeder Group	Method (eg. overhead cable tray from proposed housing to Mast, then inside Mast up to antennas)	Existing/New (Propose to change existing support infrastructure or add new support infrastructure?)
Group1		
Group2		

Access Provider (AP):
 AP Unique Identifier:
 AP Project Number:

Access Seeker (AS):
 AS Project Number:

Date	
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SECTION 6: SITE PLANS

Assessment of Site Type Solution				
Structure	Is the proposal a Standard Site Type? (Site Type = Mast type + head frame type)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If “Yes” specify reference: _____
RF	Is the proposal an RF Agreed Standard Solution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If “Yes” specify reference: _____
Solution	Is the proposal a Standard Site Type Solution? (Note: if the answer to <u>either</u> of the above questions is “No” then the answer here has to be “No”)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If “Yes” specify reference: _____

Plans to be Provided	
The Access Seeker is to provide with this Initial Site Application a Plan view drawing and an Elevation view drawing indicating all existing and proposed equipment. The Access Seeker can use their most recent drawings of the Relevant Facilities (or, where the proposal is a Standard Site Type Solution, the standard drawings), and amend as required.	
The Access Seeker must ensure drawings show all the following:	
1. Placement of Access Seeker's proposed equipment housing (if relevant)	<input type="checkbox"/>
2. Placement of each of the Access Seeker's proposed cellular antenna and microwave dish antenna (if relevant). Please use the reference numbers from Sections 2 and Section 3 (eg. ANT1, ANT2, MW1 etc) so corresponding antenna information and feeder information can be related back to proposed antenna placement	<input type="checkbox"/>
3. Horizontal and vertical distance between existing antennas and the Access Seekers antennas	<input type="checkbox"/>
4. Placement of the Access Seeker's proposed antenna ancillaries (if relevant)	<input type="checkbox"/>
5. RF Plumes on both Plan view and Elevation view drawings. Must show plumes for both existing and proposed (cumulative, if applicable). Plumes must relate to current NZ Standard requirements AND any other local authority requirements	<input type="checkbox"/>

Access Provider (AP):
 AP Unique Identifier:
 AP Project Number:

Access Seeker (AS):
 AS Project Number:

Date	
-------------	--

SECTION 7: OTHER INFORMATION

Changes to Power Requirements

Do you wish to make any changes to the Access Provider's power supply?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes" , please complete the information below	
Load (Kw)	Phases	Supply (V)	Separate Meter		Total Heat – Output Load (kw)
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Statutory Electro Magnetic Radiation Calculation (Compliance with NZS 2772 Part 1 1999 = Safe working distance from antennas)	If making changes to cellular antennas or microwave dish antennas ensure standards are stated and shown on the drawings as set out at Section 3
---	---

Changes to Access

If the Planned Work involves changes to the access track, way in which the Relevant Facility is accessed, or the frequency the Access Seeker accesses the Relevant Facilities provide a detailed description here:

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

Date	
-------------	--

SECTION 8: ACCESS PROVIDER'S APPROVAL/REJECTION
--

<i>Please delete one of the following</i>
The Access Provider APPROVES this Planned Work Application
The Access Provider REJECTS this Planned Work Application for the reasons set out below. The Access Seeker needs to submit an Initial Site Application instead of this Planned Work Application

Reasons for Rejection	
The Access Provider's reasons for rejection are as follows:	
1.	
2.	

Issued by the Access Provider's Mobile Co-Location Project Manager	
Name	
Signature	
Date	

APPENDIX X

PLANNED WORK PROJECT PLAN

Access Provider (AP):	Access Seeker (AS):
AP Unique Identifier:	AS Project Number:
AP Project Number:	Date

Planned Work Project Plan

After the Access Provider approves the Access Seeker's Planned Work Application, the Access Seeker will develop and submit to the Access Provider this Planned Work Project Plan. All fields relevant to the Planned Work must be completed.

Relevant Facilities Information	
Mast Type Reference:	
Headframe Type Reference:	
RF Agreed/Disagreed Solution Reference:	
Standard Site Type Solution Reference:	

Access Provider (AP):	Access Seeker (AS):
AP Unique Identifier:	AS Project Number:
AP Project Number:	Date

1. Introduction

The Planned Work Project Plan is a document completed by the Access Seeker Mobile Co-location Project Manager to assimilate all relevant information for all the disciplines needed to complete the implementation and physical construction of the Planned Work.

The Planned Work Project Plan is to be treated as instructions to those disciplines to complete work in accordance with the relevant scope of work and any contractual arrangements in place with the Access Provider.

The Planned Work Project Plan may make reference to various associated documents such as the Mobile Co-location Operations Manual, and should be read in conjunction with those documents. A list of the associated documents is contained in the Planned Work Project Plan. If the Access Seeker does not have access to the referenced documents, or require further instructions, it is the Access Seeker's responsibility to contact the Access Provider Mobile Co-location Project Manager immediately.

The possible required disciplines are :

Civil Engineering Scope –	Civil and electrical design, civil/electrical construction monitoring, contract administration, quality control and civil handover
Civil Construction Scope-	The civil and electrical construction of the site
Technical Scope -	The technical scoping of the installation, construction monitoring, quality control and final inspection of the technical works
Technical Installation Scope-	The physical installation and commissioning of the equipment on site
Integration -	The integration of the built and commissioned defect free telecommunications equipment on the Access Provider's site

Access Provider (AP):	Access Seeker (AS):
AP Unique Identifier:	AS Project Number:
AP Project Number:	Date

2. Associated documents

This Planned Work Project Plan is to be read in conjunction with the following supporting documents.

Document	Version
Mobile Co-location Operations Manual	Version included in final STD

Access Provider (AP):	Access Seeker (AS):
AP Unique Identifier:	AS Project Number:
AP Project Number:	Date

3. Contact list

The following contacts list is to be used in conjunction with the overall project communication plan.

Project Role	Company details	Contact person
Access Seeker Mobile Co-location Project Manager	[Access Seeker]	Name: Email: Phone:
Access Provider Mobile Co-location Project Manager	[Access Provider]	Name: Email: Phone:
Access Seeker Design Engineer	[Company]	Name: Email: Phone:
Access Seeker Planning Consultant	[Company]	Name: Email: Phone:
Access Seeker Civil / Electrical	[Company]	Name: Email: Phone:
Access Seeker Technical Installation Contractor Project Manager	[Company]	Name: Email: Phone:
Technical Installation Contractor Site Manager	[Company]	Name: Email: Phone:
Site Contact	[Company]	Name: Email: Phone:

A copy of this Planned Work Project Plan has been distributed to these Project Team members

Access Provider (AP):	Access Seeker (AS):
AP Unique Identifier:	AS Project Number:
AP Project Number:	Date

4. Project Schedule

Item	Description	Milestone Date	
		Planned Start	Planned Complete
1.	AS submits Planned Work Project Plan (20WD)		
2.	AP reviews Planned Work Project Plan and approves or requests changes (10WD)		
3.	AP issues Approval to Build (10WD)		
4.	AS Mobile Co-location Pre-build Phase (120WD)		
5.	AS Mobile Co-location Build Period (60WD)		
6.	AS Mobile Co-location Project Closure (20WD)		

WD = Working Days

Please note that the above dates are the latest acceptable dates for completion of each task. It is expected that every effort will be made to complete the tasks as early as possible, prior to the above dates.

Access Provider (AP):	Access Seeker (AS):
AP Unique Identifier:	AS Project Number:
AP Project Number:	Date

5. Risk Management

Components to risk handling, to be performed through the project are:

1. Risk Identification – identify all risks associated with the project. This should involve selecting common project risks from the risk register (to be prepared) and identifying any other risks.
2. Risk Analysis – prioritise identified risks in order to determine how, if at all, to manage them. This will be done already for all common project risks in the risk register.
3. Risk Evaluation – use the following matrix to assess the overall risk rating. Again, this will be done for all common project risks in the risk register:

		IMPACT			
		Minor	Moderate	Major	Critical
L I K E L I H O O D	Likely	Moderate	High/Major	High/Major	High/Major
	Moderate	Low/Trivial	Significant	High/Major	High/Major
	Unlikely	Low/Trivial	Moderate	Significant	High/Major

4. Risk Planning – decide how the identified risks will be treated. This should be done in conjunction with all stake holders who understand the risks, and will involve categorising the risk management option as follows:
 - AV = Avoidance – do not proceed with the activity that gives rise to this risk.
 - T = Transference – achieved by transferring the risk to a 3rd party with a better capacity to handle the risk (contracts, insurance etc)
 - AC = Acceptance – accept the risk and assume that you can handle the consequence
 - RL = Reduced Likelihood – achieved by continually monitoring and changing the project conditions so the probability of the risk occurring is reduced (eg. Adding resources to the schedule)
 - M = Mitigation – This involves minimising the probability and impact of the risk to an acceptable level (e.g. changing design, conducting more testing etc).
5. Risk Treatment & Control – the risk register in the Planned Work Project Plan should be reviewed and updated regularly to review the project risks, plan risk treatments and monitor the course of the risk treatments.

Access Provider (AP):	Access Seeker (AS):	
AP Unique Identifier:	AS Project Number:	
AP Project Number:	Date	

Risk register

Risk ID	Risk	Potential Impact	Likelihood Rating (Unlikely/ Likely)	Impact Rating (Critical/ Major)	Risk Owner	Risk Status (Open or Closed)	Risk Management Treatment (Avoidance, Transference, Acceptance, Reduced Likelihood, Mitigation)	Triggers
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								

Access Provider (AP):	Access Seeker (AS):
AP Unique Identifier:	AS Project Number:
AP Project Number:	Date

6. Occupational Health & Safety

Health & Safety requirements for Access Seeker's contractors

It must be the Access Seeker's policy to give health and safety-related issues the highest priority when tendering, contracting with, and managing work performed by contractors, to enable the Access Seeker to meet its OH&S and corporate responsibilities. The Access Seeker and its contractors share an obligation and duty of care to ensure the health and safety of employees, and others, who may be affected by the way activities are conducted by, or on behalf of, the Access Seeker. The Access Seeker is not confined to simply monitoring and controlling the actions of the Access Seeker's personnel but the personnel of the Access Seeker's contractors as well.

Every contractor, performing work on behalf of the Access Seeker, should have access to a copy of the Access Seeker's Health & Safety Policy. Every contractor is required to comply with all statutory OH&S requirements and to meet any specific required standard of safety, for this project, as advised by the Access Provider Mobile Co-location Project Manager, in addition to all statutory requirements. A hazard risk treatment schedule and plan is included in this Planned Work Project Plan detailing specific hazards, identified as relating to this project, as at the Planned Work Project Plan issue date. Any failure, by a contractor or its personnel, to comply with OH&S requirements, could result in the termination of its agreement to co-locate with the Access Provider.

Access Provider (AP):	Access Seeker (AS):	
AP Unique Identifier:	AS Project Number:	
AP Project Number:	Date	

Hazard risk treatment schedule and plan

The following hazards have been identified (having a Risk Level Score of moderate or higher), to date, in relation to this project. If you become aware of any additional hazards, please notify the Access Seeker Mobile Co-location Project Manager immediately. The Access Seeker Mobile Co-location Project Manager will immediately notify the Access Provider Mobile Co-location Project Manager.

Hazard	Possible treatment/ control options	Preferred option	Risk score*	Person responsible for implementing option	Date for implementation	How treatment/ control option to be monitored

Likelihood	Consequences				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
A (almost certain)	H	H	E	E	E
B (likely)	M	H	H	E	E
C (moderate)	L	M	H	E	E
D (unlikely)	L	L	M	H	E
E (rare)	L	L	M	H	H

Legend:
E: Extreme risk; immediate reaction required
H: High risk; senior management attention needed
M: Moderate risk; management responsibility must be specified
L: Low risk; manage by routine procedures

Access Provider (AP):	Access Seeker (AS):
AP Unique Identifier:	AS Project Number:
AP Project Number:	Date

10. Checklist

The Access Seeker Mobile Co-location Project Manager is to complete the following checklist to ensure that all aspects of this project have been considered and reflected in this Planned Work Project Plan.

1.	Contact list	<input type="checkbox"/>
2.	Project schedule	<input type="checkbox"/>
3.	Risk identification – these are any risks that may jeopardise the successful or timely completion of the project	<input type="checkbox"/>
4.	Hazard identification – these are any hazards on site, such as asbestos, access track problems etc. - Hazards should be identified by any person accessing the site and communicated to the Access Seeker Mobile Co-location Project Manager who will in turn advise the Access Provider Mobile Co-location Project Manager	<input type="checkbox"/>
5.	Civil design scope of works (if relevant)	<input type="checkbox"/>
6.	Civil construction scope of works (if relevant)	<input type="checkbox"/>
7.	Technical scope of works	<input type="checkbox"/>
8.	The Access Seeker has obtained and reviewed the Access Provider's acceptance requirements for Planned Work Project Closure including civil acceptance, technical acceptance, interference testing and as-built documentation	<input type="checkbox"/>

Access Seeker Project Manager

Signature	
Name	
Email	
Phone Number	

Date submitted to Access Provider

APPENDIX Y

PLANNED WORK APPROVAL TO BUILD

Access Provider (AP):

Access Seeker (AS):

AP Unique Identifier:

AS Project Number:

AP Project Number:

Planned Work Approval to Build

Following the processing of the Access Seeker's Project Plan this form is to be completed by the Access Provider. All fields must be completed. If a field is not relevant to this particular approval mark as not applicable.

Access Provider (AP)	
Access Seeker (AS)	
Name of Relevant Facilities	
AP Unique Identifier	
AP Project Number	

Please delete one of the following

The Access Provider **GRANTS** the Access Seeker Planned Work Approval to Build.

The Access Provider **REJECTS** the Access Seekers Planned Work Project Plan for the reasons set out below in the table headed "Reasons for Rejection"

Reasons for Rejection

The Access Provider's reasons for rejection are as follows:

1.	
2.	

Issued by the Access Provider's Mobile Co-Location Project Manager

Name	
Signature	
Date of Issue	

APPENDIX Z

PLANNED WORK PROJECT CLOSURE CHECKLIST

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

Date	
-------------	--

Planned Work Project Closure Checklist

This form is to be completed by the Access Seeker. The form needs to be completed and the checklist table sets out the information to be provided to the Access Provider with this form.

Relevant Facilities Information	
Mast Type Reference:	
Headframe Type Reference:	
RF Agreed/Disagreed Solution Reference:	
Standard Site Type Solution Reference:	

Project Closure Responsibilities
Access Seeker Mobile Co-location Project Manager
Responsible for managing the hand over process including:
1. Ensure all snags are cleared and all civil and technical implementation has been completed and approved
2. Ensure Access Provider has confirmed there is no Unacceptable Performance Degradation
3. Ensure all requirements of the Site Agreement have been met
4. Complete this form, compile all required information and submit Project Closure Checklist to the Access Provider for Project Closure
5. Update the Access Seeker's own database records regarding the Relevant Facilities

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

Date	
-------------	--

Access Provider's Project Engineers
Responsible for auditing the build
1. Signing off the build
2. Checking the as-built documentation is complete
Access Providers Radio Engineer
Responsible for the RF Approval
1. Completing interference testing
2. Confirming there is no Unacceptable Performance Degradation
Access Provider's Mobile Co-location Project Manager
Responsible for the issuing of the Project Closure
1. Ensure civil and technical implementation has been completed and approved
2. Ensure RF have confirmed there is no Unacceptable Performance Degradation
3. Ensure all conditions of the co-location have been met
4. Update the Common Format Site Database regarding the Relevant Facilities

Access Provider (AP):

AP Unique Identifier:

AP Project Number:

Access Seeker (AS):

AS Project Number:

Date	
-------------	--

Checklist

If any of the information listed below is not provided with this form please state the reason for this in the "Comments" column

Item Number	Description	Attached	Checked by AS Mobile Co-Location Project Manager (initial)	Document Name/ Reference	Comments
1	Civil Acceptance All snags cleared and civil acceptance obtained from Access Provider	<input type="checkbox"/>			
2	Technical Acceptance All snags cleared and technical acceptance obtained from Access Provider	<input type="checkbox"/>			
3	Interference Testing RF interference testing completed and approved by Access Provider	<input type="checkbox"/>			
4	As Built Documentation Drawings showing the "as-built" configurations. The drawings must include EME plumes, the cabling and the location and power-loading of all Access Seeker Equipment installed.	<input type="checkbox"/>			
5	Data to be Updated Set out the data to be loaded into Common Format Site Database by the Access Provider	<input type="checkbox"/>			
6	No Outstanding OSH Issues Updated site access and hazard report for Access Provider	<input type="checkbox"/>			

APPENDIX AA

PLANNED WORK PROJECT CLOSURE

Access Provider (AP):

Access Seeker (AS):

AP Unique Identifier:

AS Project Number:

AP Project Number:

Planned Work Project Closure

Following the processing of the Access Seeker's Planned Work Project Closure Checklist this form is to be completed by the Access Provider. All fields must be completed. If a field is not relevant to this particular approval mark as not applicable.

Access Provider (AP)	
Access Seeker (AS)	
Name of Relevant Facilities	
AP Unique Identifier	
AP Project Number	

Please delete one of the following

The Access Provider approves the Planned Work Project Closure Checklist, confirms the completion of the Mobile Co-location Build Period and **GRANTS** to the Access Seeker this Project Closure.

The Access Provider **REJECTS** the Access Seeker's Planned Work Project Closure Checklist for the reasons set out below.

Reasons for Rejection

The Access Provider's reasons for rejection are as follows:

1.	
2.	

Issued by the Access Provider's Mobile Co-Location Project Manager

Name	
Signature	
Date of Issue	

APPENDIX BB

PROCEDURES AND TECHNICAL SPECIFICATIONS

Document Reference***Document Name**

E-100-ES-OD	Electrical services outdoor cabinet
E-030-US-L-S	AC cabinet layout
E-030-US-W	AC cabinet wiring
E-030-US-W-3P	AC Cabinet wiring
E-031-OD-A	AC Cabinet detail
E-031-OD-B	AC cabinet detail
E-031-OL-S	AC cabinet layout
E-031-OW-S	AC cabinet wiring
DOC	Argus CL17 Cluster
PIC	Argus Cluster Bottom
313-S08	Argus wallmount
DOC	Argus CPX308D-SD
DOC	Andrew D100-0005
DOC	Andrew D100-0010
DOC	Andrew D100-0044-D100-0041
DOC	Andrew D210-0001
DOC	Argus TUFT 6
DOC	CL17 Cluster
JPG	Argus Cluster Bottom
DOC	CPX308D-SD
DOC	CL17 mount details
DOC	Kathrien 742213
DOC	Kathrien 742 215
DOC	Kathrien 742 265
DOC	Kathrien 742 264
AS-040-1	3 arm headframe - drawing 1
AS-040-2	3 arm headframe - drawing 2
AS-040-3	3 arm headframe - drawing 3
AS-050-1	Carousel drawing 1
AS-050-2	Carousel drawing 2
AS-060-1	Lattice headframe (356)
AS-061-1	Lattice headframe (508)
AS-070-1	Dia. 400 x 2300 Shrouded Antenna array drawing sheet 1
AS-070-2	Dia. 400 x 2300 Shrouded Antenna array drawing sheet 2
AS-070-3	Dia. 400 x 2300 Shrouded Antenna array drawing sheet 3
AS-071-1	400x5000 shrouded antenna array drawing 1
AS-071-2	400x5000 shrouded antenna array drawing 2
AS-071-3	400x5000 shrouded antenna array drawing 3
AS-072-1	500x2500 shrouded antenna array drawing 1
AS-072-2	500x2500 shrouded antenna array drawing 2
AS-072-3	500x2500 shrouded antenna array drawing 3
AS-072-4	500x2500 shrouded antenna array drawing 4
AS-073-1	Dia. 500 X 2800 shrouded antenna array drawin sheet 1
AS-073-2	Dia. 500 X 2800 shrouded antenna array drawin sheet 2
AS-073-3	Dia. 500 X 2800 shrouded antenna array drawin sheet 3
AS-073-4	Dia. 500 X 2800 shrouded antenna array drawin sheet 4
AS-074-1	400x2800 shrouded antenna array drawing 1
AS-074-2	400x2800 shrouded antenna array drawing 2
AS-074-3	400x2800 shrouded antenna array drawing 3
AS-080-1	Rooftop shrouded array mount drawing 1
AS-080-2	Rooftop shrouded array mount drawing 2
AS-081-1	Panel antenna wall mount
AS-082-1	Microwave antenna wall mount
AS-100-1	Standard monopole option drawing
AS-273-1	Column drawings
AS-273-2	300-600 Microwave mount for Dia.273 monopole - clamp mount
AS-356-1	Column drawings
AS-356-2	Column drawings detail 1
AS-356-3	300-600 Microwave monopole clamp mount
AS-508-1	Column drawings
AS-508-2	Column drawings detail 1
AS-508-3	300-600 Microwave monopole clamp mount
AS-508-5	1200mm microwave monopole clamp mount

* Where Document Reference is "DOC", the Document Name can instead be used for reference purposes.

Document Reference*	Document Name
DOC	13G 0.8m mech
DOC	13G 0.8m VHLP2.5-130
DOC	13G 1.2m mech
DOC	13G 1.2m VHLP4-130
DOC	13G 1.2m UKY_210_41_DC12_Rev_B
DOC	13G 1.8m UKY_210_51_DC12_Rev_A
DOC	15G 1.2m UKY_210_42_DC12_Rev_B
DOC	15G 1.8m UKY_210_52_DC12_Rev_A
DOC	18G 1.2m UKY_210_43_DC12_Rev_B
DOC	18G 1.8m UKY_210_53_DC12_Rev_A
DOC	23G 1.2m UKY_210_44_DC12_Rev_B
DOC	23G 1.8m UKY_210_54_DC12_Rev_A
DOC	26G 1.2m UKY_210_45_DC12_Rev_B
DOC	7-8G 1.2m UKY_210_40_DC12_Rev_B
DOC	7-8G 1.8m UKY_210_50_DC12_Rev_A
DOC	13G 0.6m UKY_210_99_DC14_Rev_A
DOC	13G 1.2m UKY_210_41_DC12_Rev_A
DOC	13G 1.8m UKY_210_97_DC14_Rev_A
DOC	15G 0.6m UKY_210_15_DC14_Rev_A
DOC	15G 1.2m UKY_210_16_DC14_Rev_A
DOC	18G 0.6m UKY_210_32_DC14_Rev_A
DOC	18G 1.2m UKY_210_33_DC14_Rev_A
DOC	7-8G 0.6m UKY_210_62_DC14_Rev_B
DOC	7-8G 1.2m UKY_210_64_DC14_Rev_C
DOC	7-8G 1.8m UKY_210_65_DC14_Rev_B
DOC	7-8G 2.4m UKY_210_66_DC14_Rev_C
DOC	13G 1.2m UKY_210_41_DC12_Rev_B
DOC	13G 1.8m UKY_210_51_DC12_Rev_A
DOC	15G 1.2m UKY_210_42_DC12_Rev_B
DOC	15G 1.8m UKY_210_52_DC12_Rev_A
DOC	18G 1.2m UKY_210_43_DC12_Rev_B
DOC	18G 1.8m UKY_210_53_DC12_Rev_A
DOC	23G 1.2m UKY_210_44_DC12_Rev_B
DOC	23G 1.8m UKY_210_54_DC12_Rev_A
DOC	26G 1.2m UKY_210_45_DC12_Rev_B
DOC	7-8G 1.2m UKY_210_40_DC12_Rev_B
DOC	7-8G 1.8m UKY_210_50_DC12_Rev_A
DOC	13G 0.6m UKY_210_99_DC14_Rev_A
DOC	13G 1.2m UKY_210_41_DC12_Rev_A
DOC	13G 1.8m UKY_210_97_DC14_Rev_A
DOC	15G 0.6m UKY_210_15_DC14_Rev_A
DOC	15G 1.2m UKY_210_16_DC14_Rev_A
DOC	18G 0.6m UKY_210_32_DC14_Rev_A
DOC	18G 1.2m UKY_210_33_DC14_Rev_A
DOC	7-8G 0.6m UKY_210_62_DC14_Rev_B
DOC	7-8G 1.2m UKY_210_64_DC14_Rev_C
DOC	7-8G 1.8m UKY_210_65_DC14_Rev_B
DOC	7-8G 2.4m UKY_210_66_DC14_Rev_C
DOC	1301-UKY_210_50_SC31_Rev_A
DOC	1301-UKY_210_51_SC35_Rev_A
DOC	1301-UKY_210_52_SC31_Rev_A
DOC	1301-UKY_210_53_SC31_Rev_A
DOC	1301-UKY_210_54_SC31_Rev_A
DOC	1301-UKY_210_54_SC35_Rev_A
DOC	13G 0.6m UKY 210 89_SC15
DOC	13G 1.2m UKY 210 41_SC15
DOC	13G 1.8m UKY 210 97_SC14
DOC	13G 1.8m UKY_210_51_SC15_Rev_A
DOC	15G 0.3m UKY 210 71_SC11 Rev A
DOC	15G 0.6m UKY 210 76_SC11
DOC	15G 1.2m UKY 210 42_SC11 Rev A
DOC	15G 1.8m UKY 210 30_SC14
DOC	15G 1.8m UKY_210_52_SC11_Rev_A

* Where Document Reference is "DOC", the Document Name can instead be used for reference purposes.

Document Reference*	Document Name
DOC	18G 0.3m UKY 210 72_SC11 Rev A
DOC	18G 0.6m UKY 210 77_SC11
DOC	18G 1.2m UKY 210 43_SC11 Rev A
DOC	18G 1.8m UKY 210 34_SC14
DOC	18G 1.8m UKY_210_53_SC11_Rev_A
DOC	23G 0.2m UKY 210 60_SC15
DOC	23G 0.3m UKY 210 73_SC11 Rev A
DOC	23G 0.3m UKY 210 73_SC15
DOC	23G 0.6m UKY 210 78_SC11 Rev A
DOC	23G 0.6m UKY 210 78_SC15
DOC	23G 1.2m UKY 210 44_SC11 Rev A
DOC	23G 1.2m UKY 210 44_SC15
DOC	23G 1.8m UKY 210 20_SC14
DOC	23G 1.8m UKY_210_54_SC11_Rev_A
DOC	23G 1.8m UKY_210_54_SC15_Rev_A
DOC	26G 0.3m UKY 210 74_SC11 Rev A
DOC	26G 0.6m UKY 210 79_SC11 Rev A
DOC	26G 1.2m UKY 210 45_SC11 Rev A
DOC	38G 0.2m UKY 210 61_SC15
DOC	38G 0.3m UKY 210 75_SC11
DOC	38G 0.3m UKY 210 75_SC15
DOC	38G 0.6m UKY 210 80_SC11
DOC	38G 0.6m UKY 210 80_SC15
DOC	7-8G 0.6m UKY 210 95_SC11 Rev B
DOC	7-8G 1.2m UKY 210 40_SC11 Rev B
DOC	7-8G 1.8m UKY 210 65_SC14
DOC	7-8G 1.8m UKY_210_50_SC11_Rev_A
DOC	7-8G 2.4m UKY 210 66_SC14
DOC	7-8G 3.0m UKY 210 67_SC14
AT-020-MW bracket	MW Antenna bracket
DOC	Antenna Mount deflection calcs
DOC	Vodafone Civil Works Contract Specification Sept 02
DOC	Microwave Standards spec_020805
U10--1B-A	U10 Urban Monopole Base Section Details & Fitments Sheet 1 of 2
U10--2B-A	U10 Urban Monopole Base Section Details & Fitments Sheet 2 of 2
U10--1T-A	U10 Urban Monopole Top Section Antennae Type 1 Fitment
U10--2T-A	U10 Urban Monopole Top Section Antennae Type 2 Fitment
U10--3T-A	U10 Urban Monopole Head Frame & Bisector Spider Arm Details
U10--4T-A	U10 Urban Monopole Head Frame & Trisector Spider Arm Details
U12--1B-A	U12 Urban Monopole Base Section Details & Fitments Sheet 1 of 2
U12--2B-A	U12 Urban Monopole Base Section Details & Fitments Sheet 2 of 2
U12--1T-A	U12 Urban Monopole Top Section Antennae Type 1 Fitment
U12--2T-A	U12 Urban Monopole Top Section Antennae Type 2 Fitment
U12--3T-A	U12 Urban Monopole Head Frame & Bisector Spider Arm Details
U12--4T-A	U12 Urban Monopole Head Frame & Triector Spider Arm Details
U15--1B-A	U15 Urban Monopole Base Section Details & Fitments Sheet 1 of 2
U15--2B-A	U15 Urban Monopole Base Section Details & Fitments Sheet 2 of 2
U15--2B-A	U15 Urban Monopole Top Section Antennae Type 1 Fitment
U15--2T-A	U15 Urban Monopole Top Section Antennae Type 2 Fitment
U15--3T-A	U15 Urban Monopole Head Frame & Bisector Spider Arm Details
U15--4T-A	U15 Urban Monopole Head Frame & Trisector Spider Arm Details
U20--1B-A	U20 Urban Monopole Base Section Details & Fitments Sheet 1 of 2
U20--2B-A	U20 Urban Monopole Base Section Details & Fitments Sheet 2 of 2
U20--1T-A	U20 Urban Monopole Top Section Antennae Type 1 Fitment
U20--2T-A	U20 Urban Monopole Top Section Antennae Type 2 Fitment
U20--3T-A	U20 Urban Monopole Head Frame & Bisector Spider Arm Details
U20--4T-A	U20 Urban Monopole Head Frame & Trisector Spider Arm Details
VCP04	Identifying, assessing and managing hazards
VCP06	Hazard notification, non-compliance & SCARs
VCP07	Incident reporting, recording & investigation
VCP09	Inductions & general OHS training

* Where Document Reference is "DOC", the Document Name can instead be used for reference purposes.

Document Reference*

VCP10
VGP01
VGP03
VGP04
VGP07
VGP08
VGP09
VGP10
VGP11
VGP12
VGP14
VGP16
VGP17
VGP20
VGP22
VGP25
VSF01
VSF02
VSF04
VSF05
VSF06
VSF07
VSF09
VSF13
VSF14
VSF19
VSF20
VSF22
VSF23
VSF25
C9001
ND_QA_Civil Acceptance Checksheet_Colocate_v1.0 20080424
ND_QA_Technical Acceptance Checksheet_Colocate_v1.0 20080424

Document Name

Emergency preparedness & response
UV Protection
First Aid
Manual Handling
Vehicle Safety
Hazardous Substances & Dangerous Goods
Electrical Safety
Work at Heights
Elevated Work Platforms
Lone and Remote Workers
Plant & Equipment Safety
Working near RF transmission equipment
Design of RF equipment & facilities
Hotworks
Permit to Work & Change Action Requests
Safety use of ladders
Safety on towers & monopoles
Safety working on roofs
Safety when working in remote or alone areas
Safety and RF radiation
Safety when working in confined spaces
Safety in vehicles
Safety around trenches & excavations
Electrical Safety
Safety during drive trials & aerial surveys
Planning for Emergencies
Guide to Contractor Inductions
H&S Hazard Management guide
Incident reporting & investigation guide
Preventing slips, trips & falls (including ladders)
Change Control Services & Procedures
Civil Acceptance Checksheet_Cosite
Technical Acceptance Checksheet_Cosite

* Where Document Reference is "DOC", the Document Name can instead be used for reference purposes.