



An Integrated Approach to the Delivery of Community Health Services

Cabling Specifications for Cornerstone Local Area Network

PROCESS

1. Complete the agency and cable vendor information sections on this form. Please note that this form must be signed by the vendor after work is completed.
2. The agency contact and cable vendor technician hired by your agency will need to sign this form once the job is completed to meet the specifications outlined below.
3. Fax the signed form to your COA Hardware Services Coordinator (Denise Macon at 312-692-3067 for Regions 1 and 2, or Kelli Blaise at 217-492-5635 or Regions 3, 4 and 5).
4. Once this form has been faxed to COA with all necessary information and signatures, move and installation of equipment can be scheduled.

SPECIFICATIONS *(These cabling specifications are required for a Cornerstone LAN)*

The Cornerstone local area network (LAN) requires a Category 5 Enhanced 100baseT, unshielded-twisted pair (UTP) cabling. Each Cornerstone workstation and laser printer requires one (1) cabling "drop" which will terminate to a mounted RJ45 jack located near the workstation/laser printer. Depending on the building construction, cabling can be fished through the wall or run through wire mold. There may be local building code regulations that apply to installation of cable. Each workstation/printer drop should run to a RJ45 patch panel and be punched down according to Electronic Industry Association (EIA) standards for Category 5 Enhanced, 100BaseT, UTP Ethernet. CQA recommends that the vendor perform Wiremap tests on all drops installed. Vendor should also supply all patch cables that run from the RJ45 wall jacks to the workstations/laser printers.

AGENCY INFORMATION

Agency Name: _____ Agency # _____

Address (site cabled): _____
(number, street name, suite #) (city, zip)

Phone number: (____) _____ Fax number: (____) _____

I verify that the vendor listed below was made aware of the special standards outlined above at the start of the job.

Name of agency/site representative (please print): _____

Signature of agency/site representative: _____

Title: _____ Date: _____



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CABLE VENDOR

Vendor Name: _____

Address: _____
(number, street name, suite #) (city, state, zip)

Was wiremap test performed on all drops? _____ Yes _____ No

I have read and understand the above specifications and verify that these standards have been met.

Name of vendor technician on site (please print): _____

Signature: _____ Date: _____