

	RESOURCE LIBRARY - IT TECHNOLOGY IT Project Status Checklist	<i>CODE:</i> 08.01.003
		<i>EDITION:</i> 1
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Project Name: _____

Location: _____

Conducted by: _____

Handed over to: _____

Date: _____


Check	Result	Comments
Technical Specifications for Structure Cabling sent by Management Company	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Network submittal Received	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Network Submittal Finalized	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ELV drawings received	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Feedback on ELV Drawings Sent by Management Company	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ELV drawings finalized	<input type="checkbox"/> Yes <input type="checkbox"/> No	
On site cabling Implementation Status	<input type="checkbox"/> Not Started <input type="checkbox"/> Started <input type="checkbox"/> Finalized	
Structures Cabling Contractor Contacts details	Name: Tel: Email:	
Network Active Components Submittal Received	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Brand of Active Network Components	<input type="checkbox"/> Cisco <input type="checkbox"/> HP <input type="checkbox"/> Alcatel <input type="checkbox"/> 3Com	

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	<input type="checkbox"/> Nortel <input type="checkbox"/> Others	
Network Active Components installation Started	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IP Network Contractor Contact Details	Name: Tel: Email:	
Telecommunication Technical Specification sent by Management Company	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Telecommunications System Submittal Received	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Brand of PABX System	<input type="checkbox"/> Cisco <input type="checkbox"/> Avaya <input type="checkbox"/> Others	
Brands and Models of Guest Telephones as per Management Company requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Brands and Models of Admin Telephones as per Management Company requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IPTV System Technical Specification sent by Management Company	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IPTV & Digital Signage Systems Submittal Received	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Brands and models of TV sets and IPTV System		
IP TV Contractor Contact Details	Name: Tel: Email:	
TV System Design	<input type="checkbox"/> Full IP <input type="checkbox"/> Coaxial converted to IP <input type="checkbox"/> IP Channels From ISP <input type="checkbox"/> Head End Exists	
Wireless Network Coverage Area	<input type="checkbox"/> Full Wireless <input type="checkbox"/> Public Areas <input type="checkbox"/> Guest Rooms <input type="checkbox"/> Back of the House	

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	<input type="checkbox"/> Terrace Areas	
Submittal for Wireless Network received	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wireless Solution Brand	<input type="checkbox"/> Cisco <input type="checkbox"/> HP <input type="checkbox"/> Aruba	
Physical Site visit done by the Wireless Network Contractor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Computer and Communications room Technical Specification Sent	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Locations of Computer, Communications and ISP rooms decided	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Layout of Computer and Communications room done	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Door Lock System Technical Specifications Sent by Management Company	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Door Lock System Submittal and BOQ Received	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Door Lock System Brand and type	<input type="checkbox"/> Interel <input type="checkbox"/> Others	<input type="checkbox"/> Online System <input type="checkbox"/> Offline System <input type="checkbox"/> Magstrip System <input type="checkbox"/> Proximaty System
UPS Technical Specifications Sent by Management Company	<input type="checkbox"/> Yes <input type="checkbox"/> No	
UPS requirements are met	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pre-opening Office plan & requirements done	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Status of Pre-opening Office	<input type="checkbox"/> Equipments ordered <input type="checkbox"/> Not Started <input type="checkbox"/> Building not ready yet <input type="checkbox"/> Completed	
Building Status	<input type="checkbox"/> Computer Room Ready <input type="checkbox"/> Reception Ready <input type="checkbox"/> Administration offices ready <input type="checkbox"/> Rooms Ready <input type="checkbox"/> Restaurants Ready	
Meeting Room	<input type="checkbox"/> Ceiling speakers <input type="checkbox"/> Power Amplifier	

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	<input type="checkbox"/> Projector <input type="checkbox"/> Interactive white board <input type="checkbox"/> Digital Signage <input type="checkbox"/> Equipment Rack <input type="checkbox"/> Smart TV 55 inch or above <input type="checkbox"/> Wireless Handheld microphone <input type="checkbox"/> Cabling	
Media Hub	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Media Hub Brand		
Room Management System	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Room Management System Brand		
Internet Solution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Digital Signage	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Digital Signage Brand		
Gym Display Interface with IPTV	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Notes:

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