

Update Date: \_\_\_\_\_



FNA Member Company Name: \_\_\_\_\_

Form Completed By (Print): \_\_\_\_\_

Contact Number: \_\_\_\_\_

Primary Contact For Mutual Aid (Print): \_\_\_\_\_

Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Questions:

(1) Could Your Company Benefit From A Mutual Aid Agreement With Other FNA Members?

Y N

(9) Do Your Splicing Employees Have Adequate Tools And Experience To Work With Ribbon Fiber?

Y N

(2) Could Your Company Provide Assistance To Other FNA Members With An Appropriate Mutual Aid Agreement?

Y N

(10) Are Your Employees Trained And Properly Equiped To Work Within The Power Supply Space As Defined By The NESC?

Y N

If You Answered Yes To Questions 1 And 2 Please Proceed To The Remaining Questions. If You Answered No To Questions 1 Or 2 Please Briefly Explain In The Comments Section.

(11) Are Your Employees Trained And Properly Equiped To Work On OPGW?

Y N

(12) Potential Assets Available For Mutual Aid (Check All That Apply):

(3) Do You Primarily Use Inhouse Employees For Fiber Construction Work?

Y N

- Bucket Truck
- Digger Derek Truck
- Splicing Trailer
- Trencher / Excavator
- Single Fusion Splicer
- Ribbon Fusion Splicer
- OTDR

(4) If You Answered "No" For Question # 3 Do You Have Inhouse Employees That Are Used In Such A Capacity

Y N

(5) Do You Primarily Use Inhouse Employees For Fiber Splicing Work?

Y N

Additional Training or Certifications of Employees (ex. CSXT Safety Awareness, CFOS/S (Splicing))

(6) If You Answered "No" For Question # 5 Do You Have Inhouse Employees That Are Used In Such A Capacity

Y N

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(7) Do Your Construction Employess Have Adequate Tools And Experience To Work With ADSS Fiber?

Y N

Comments:

(8) Do Your Construction Employees Have Adequate Tools And Experience To Work With Lashed Fiber?

Y N

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_