



Quality Assurance Process

ACS Dataline has developed a set of guidelines and processes which guarantee high standards of quality and service. Employees work in tandem with management to address the needs of our customers. Involving people at all levels of the company has resulted in our employees demonstrating first-hand knowledge of customer expectations and consistently working to meet these goals in customer satisfaction.

Customer Satisfaction Evaluations

ACS utilizes Customer Satisfaction Evaluations for a measure of the customer's perception of the work we do. While a job may meet all the requirements of the criteria specified in standards compliance, aesthetics, cycle time, or performance to service level agreement, knowing how the customer actually feels about the work and the way in which it was accomplished provides a baseline for continuous improvement. We encourage our customers to give detailed feedback so we may better determine our own strengths and immediately address any inconsistencies that may present themselves.

Quality Assurance Tracking

Before the completion of each job, a supervisor completes a Project Completion Checklist, which outlines ACS Dataline's standards as well as nationally accepted installation technical standards. The Quality Assurance Inspectors and Operations Managers also perform on-site inspections at regular intervals. When non-conformances are discovered during these inspections, Non-Conformance Reports are generated and tracked until completion. We are dedicated to providing complete satisfaction to each customer, and our Lifetime Limited Warranty program is designed specifically to this end.

Our Warranty

ACS Dataline offers a Limited Lifetime Warranty on all work performed by our technicians. **Should any cable or connector portion of your network that was installed, added, moved or changed by an ACS technician malfunction as a result of our work, ACS Dataline will correct the problem, free of charge, for as long as the work remains a part of your network.** We are also able to pass along vendor certifications of that particular solution that will warranty the hardware installed.

Please refer to the **Certifications** section to view our Limited Lifetime Warranty Policy.

Work In Progress Satisfaction Evaluation

ACS Dataline's goals are to exceed customers' expectations for service. Please take a moment to complete this survey so we can monitor our performance.

Contact Name: _____

Job Name or #: _____

Description of Work:

Please <input checked="" type="checkbox"/> the appropriate boxes.	Yes	No	N/A
Is your installation/service being performed in a professional manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has ACS reviewed this job and verified the service requested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you being kept abreast of the job's progress by ACS personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have the technicians been on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the technicians courteous and helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you recommend ACS DATALINE based on the performance of this job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Based on the service you are receiving how would you rate ACS DATALINE at this point of the job?

Exceeding Expectations Meeting Expectations Failing Expectations

Customer Comments:

Technician

Customer Signature

Date

Company Name

ACS Job Number

Telephone #

Reviewed by (Initials):

Operations Manager

QA Inspector

**Director of Corporate
QA**

Notes:

Empty box for notes.



Left with customer	<input type="checkbox"/>
Key account call	<input type="checkbox"/>
Telephone follow-up	<input type="checkbox"/>

Training Customer Satisfaction Evaluation

ACS DATALINE's goals are to exceed customers' expectations for service. Please take a moment to complete this survey so we can monitor our performance.

Please <input checked="" type="checkbox"/> the appropriate boxes.	Yes	No	N/A
Was the course material presented clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the quality of instructional aids satisfactory? (video, slides, handouts, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you relate to the subject matter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the instructor respond to questions asked adequately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did this course explore concepts and principles useful in your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Based on the service you are receiving how would you rate ACS DATALINE at this point of the job?

Exceeding Expectations Meeting Expectations Failing Expectations

In the future, what subject matter would you like to see covered?

Technician

Training Course and Number

Instructor

Division **Date**

Reviewed by (Initials):		
Operations Manager	QA Inspector	Director of Corporate QA
_____	_____	_____

Notes:

Training Attendance Log

Forward a copy to the Training Department in Austin, Texas.

Course Name: _____
Course Number: _____
Instructor: _____
Location: _____
Date: _____
Training Numbers: _____

	Name	Signature
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____
16	_____	_____
17	_____	_____
18	_____	_____
19	_____	_____
20	_____	_____
21	_____	_____
22	_____	_____
23	_____	_____
24	_____	_____

Quality Assurance Inspection

Division _____

Inspector _____

Customer _____

Supervisor _____

Site _____

Date of Inspection _____

Area _____

Week Ending Date _____

Work In Progress

Final Inspection

MDF/IDF – Telecommunications Room

	Pass	Fail	WIP	N/A
Aesthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment Grounding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiber Enclosure Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiber Terminations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiber Caution Labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panel Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panel Terminations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panel Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66/110 Block Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66/110 Block Termination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66/110 Block Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back Board Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QA Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cable Pathway

	Pass	Fail	WIP	N/A
Aesthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable Routing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable Tie Wraps/Velcro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable Tray/Ladder Rack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable Support (J-Hooks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall/Floor Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firestopping Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work Area Outlet

	Pass	Fail	WIP	N/A
Aesthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAO Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAO Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jack Termination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cables Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QA Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If any of the items fails, must explain below:

Non-Conformance Report

Originator

Tracking #

Manager

Date Assigned

Customer

Date Returned

Type of Problem/Request

- Safety (hard-hat, ladder, safety glasses, lifts & lifting)
- Technical (parts, workmanship, tools, testing, inspection)
- Other:

Priority

- Emergency/Urgent
- Routine
- Information Only

Problem/Request: Give a specific, accurate description of Problem/Request/Symptom:

Typical Action/Repair, if any:

Completed By

Date

Supervisor's Signature

Date

Division Manager

Date

Technicians Job Quality Checklist (Sustaining)

The completed form will be sent to the Corporate Quality Assurance Manager for review.

Division	Technician
Customer	Supervisor
Site	Date Completed
Area	Week Ending Date

Please <input checked="" type="checkbox"/> the appropriate boxes.	Yes	No	N/A
Check with the originator (user) and verify problem/request. (changes must be approved)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review and plan job, floor plans, and verify you have the tools, equipment and parts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the work area need building modifications? (If yes, contact facilities, customer, supervisor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all cables installed, and terminated to cable specification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all cables labeled, dressed and tie-wrapped/velcroed to customer and ACS standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were cables tested to standard? Type of tester used:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were Quality labels and Quality Assurance stamps used where appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All billable and non-billable labor approved, accounted for and properly documented on the appropriate Service Report(s) for each Date/Tech/Time entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damaged or un-billable parts listed on a non-billable or Credit Service Report?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the work area left CLEANER than you found it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all documentations completed? (test results, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Customer Satisfaction Evaluation complete and signed by the Customer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Customer (User) satisfied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Tech-In-Charge satisfied with the Quality and completeness of this job? QA Stamp Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Project Manager/Site Supervisor satisfied with the Quality and completeness of the job? QA Stamp Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Quality Stamp Agreement

I, _____, do hereby agree, at will, to the following terms and conditions.

PRINT YOUR NAME HERE

1. All Quality Stamps issued by the Quality Assurance Department to all ACS Dataline technicians are proprietary to ACS Dataline.
2. The Quality Stamp is to be carried by the technician at all times during the workday. ACS Dataline personnel are to be the exclusive user of the stamp.
3. The technician agrees to pay Ten \$10.00 dollars for the cost of replacing the Quality Stamp, due to loss, destroying, or neglect of the stamp issued.
4. Upon termination, I agree to return the Quality Stamp no later than my last day of employment or ACS DATALINE may withhold from my Final Pay Check Ten (\$10.00) dollars for the replacement cost of the stamp.
5. I have read and understand the Quality Stamp Procedures handout.

Employee Signature

Date

Issued By

Date

QA Stamp #/Color (Stamp w/ Stamp Assigned)

Division Issued To:

RETURN THIS COMPLETED AGREEMENT TO:

**Corporate Quality Assurance Department
Austin, Texas**