



800 MHZ SYSTEM COMMISSIONING



This form must be completed by the vendor who installed the DAS system and delivered at the acceptance inspection.

NOTE: Please have this document filled out and maintained on-site, within the log book. Have an additional copy for the inspector performing the "BDA Radio Signal Strength Test"

1. INSPECTION INFORMATION

Inspection Date (MM/DD/YYYY): _____

Miami-Dade Permit Number: _____

Other Permit Numbers (If Applicable): _____

2. PROJECT INFORMATION

Project Name: _____

Project Address: _____

City: _____ State: FL Zip Code: _____ - _____

Project Description:

Floors	_____
Stairwells	_____
Elevators	_____
Garage (# of Floors)	_____
Roof Access	_____
Emergency Command Center	_____
Pump Room	_____
Sprinkler Section Valve Location	_____
Standpipe Cabinets	_____

3. VENDOR INFORMATION

Vendor Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Company Phone: _____

Mobile Phone: _____

Email: _____

Website: _____

4. SYSTEM DESCRIPTION

BDA #1 Location: _____
BDA Manufacturer: _____
Model: _____
Serial Number: _____ FCC ID: _____
Downlink Frequencies: _____
Uplink Frequencies: _____

BDA #2 Location: _____
BDA Manufacturer: _____
Model: _____
Serial Number: _____ FCC ID: _____
Downlink Frequencies: _____
Uplink Frequencies: _____

Donor Antenna:

Donor Antenna Location: _____ Frequency Band: _____
Manufacturer: _____ Model: _____ Antenna Azimuth: _____
Model of the Lightning Protection Device: _____
Location of the Lightning Protection Device: _____

Interior Antennae:

Type: _____ Total: _____ Manufacturer: _____ Model: _____
Type: _____ Total: _____ Manufacturer: _____ Model: _____
Leaking Coax Cable: Y N Location: _____
 Leaking Coax Cable: Y N Location: _____

Power Divider / Splitter / Tapper:

Manufacturer: _____ Model: _____ How Many: _____
Manufacturer: _____ Model: _____ How Many: _____
Manufacturer: _____ Model: _____ How Many: _____
Manufacturer: _____ Model: _____ How Many: _____

RF Cabling:

Outdoor: Manufacturer: _____ Model: __
 Outdoor: Manufacturer: _____ Model: __
 Indoor: Manufacturer: _____ Model: __
 Indoor: Manufacturer: _____ Model: __
 Indoor: Manufacturer: _____ Model: __
 Polyphaser: Manufacturer: _____ Model: __
 Location: _____

POWER SYSTEM

Primary Source:

Input Voltage: _____ Amps: _____
 Main Disconnecting Circuit Location: _____ Number: _____
 Circuit Label: _____

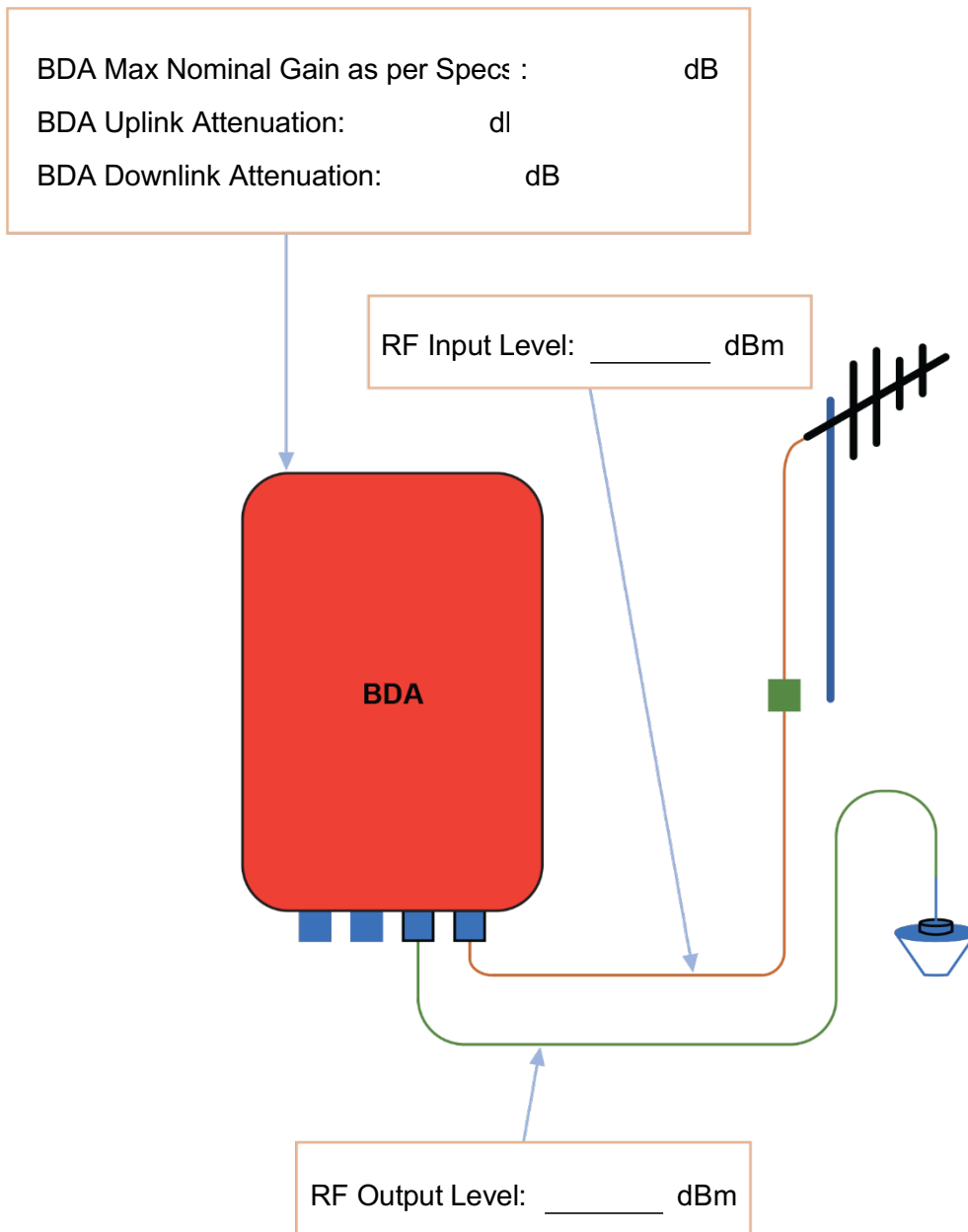
Secondary Source:

Type of Secondary Power: _____
 Input Voltage: _____ Output Voltage: _____
 Location: _____
 Main Disconnecting Circuit Location: _____ Number: _____
 Circuit Label: _____
 Calculated Capacity of Backup Power to Drive the System:
 Backup Time: _____(Hours) Alarm Mode: _____(%)

General Comments:

RF Readings:

Test Frequency: _____



System Isolation Test:

BDA Max Nominal Gain as per Specs: _____ (dB)

Isolation Requirement: BDA Max Gain + 20 dB = _____ (dB)

Injected Signal at Indoor Antennas: _____ (dBm)

Reading at Donor Antenna: _____ (dBm)

Measured Isolation: _____ (dB)

NOTE: The inspector may request a re-test of the system isolation as part of the final RF inspection.

A screenshot showing the final settings of the BDA system(s) must be submitted along with this commissioning document.

CERTIFICATION AND APPROVALS

System Installation Contractor:

This system has been installed per the manufacturer's recommendation, NFPA standards, FCC, and local codes.

Signed: _____

Date: _____

Printed Name: _____

Title: _____

Organization: _____

System Operational Test:

This system has been tested per the manufacturer's recommendation, NFPA standards, FCC, and local codes.

Signed: _____

Date: _____

Printed Name: _____

Title: _____

Organization: _____